

STATE HOUSE BOSTON
MAY 13 1961
THE COMMONWEALTH OF MASSACHUSETTS :

ANNUAL REPORT

of the

TRUSTEES

of the

B O S T O N S T A T E H O S P I T A L . (Insane).

Annual report, 1961.

For the

YEAR ENDING JUNE 30, 1961

The Hundredth and Twenty-First Annual Report

of the

Hospital

Founded in 1839 by the City of Boston

(Imprint)

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1961

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HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. Comprehensive therapy of psychiatric illnesses with the least possible disruption of personal and family life.
2. The increase in the number of patients discharged to the community, as recovered from mental illness.
3. The reduction of the time spent by each patient in the hospital.
4. The reduction of the incidence of relapse and consequent readmissions.
5. The improvement in comfort and sense of well being of those who must remain in the hospital.
6. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in the community.
7. The decrease in the incidence of mental illness in the community, if possible.
8. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
9. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this Commonwealth.

BOSTON STATE HOSPITAL

(Post Office Address, Boston 24, Mass.)

BOARD OF TRUSTEES

Peter DiNatale, M. D.	Chairman
Mrs. Elaine Dobrowski	Secretary
Mrs. Bessie D. Kaufman	
Mr. Wilfred Scott	
Mr. Harry Schlesinger	
Elihu I. Lewis, M. D.	
Judge Leo P. Doherty	

OFFICERS OF THE HOSPITAL

Walter E. Barton, M. D.	Superintendent and Medical Director
William T. St. John, M. D.	Assistant Superintendent and Assistant Medical Director
John M. Mackenzie, M. D.	Director of Psychiatry
Miss Lillian R. Goodman, R.N., B.S. M. S.	Director of Nurses
Mr. Avery W. Cook	Steward and Director of Business Administration

MEDICAL EXECUTIVE COMMITTEE

Samuel Stearns, M. D.	Chairman
Robert Hermanson, M. D.	Vice-Chairman
William T. St. John, M. D.	Secretary
A. J. A. Campbell, M. D.	
Joseph Fischmann, M. D.	
Karl D. Kasparian, M. D.	
David Oppenheim, M. D.	
Walter E. Barton, M. D., Ex-officio	
John M. Mackenzie, M. D., Ex-officio	
Douglas Stratton, M. D., Non-rotating	

HEADS OF HOSPITAL DEPARTMENTS

Mr. Francis Ryan	Assistant State Hospital Steward
Mrs. Mabel F. McKenzie, R. N.	Assistant Director of Nurses
Miss Mary A. Dunleavy, B.S., R.N.	Assistant Director of Nurses
Mrs. June Johnson, M. S., R.N.	Assistant Director of Nurses
-----	Institution Treasurer
Miss Dorothea Preston	Assistant Institution Treasurer
Miss Elizabeth Eckhoff	Head Psychiatric Social Worker
Miss Marjorie Canada, O.T.R.	Head Occupational Therapist
Mrs. Viola M. Union	Principal Clerk and Secretary to Department Head
Mr. Michael J. Waldron	Institution Chief Power Plant Engineer
Mr. David W. Barrett	Institution Maintenance Foreman
Mr. Bernard Leonard	Storekeeper
Mr. John Carver	Head Industrial Therapist
Mr. Joseph N. Contaldo	Head Laundryman
Mrs. Helen Logue	Head Housekeeper
Mr. Richard Fournier	Garage Foreman, Working
Mrs. Ann Haun	Head Seamstress
Miss Mary E. Forbes	Dietitian
Mrs. Elizabeth Williams	Assistant Dietitian
Mrs. Irene Shiver	Assistant Dietitian

NURSING ADVISORY COMMITTEE

Miss Lillian R. Goodman, R.N., B.S.,	
M. S. Ex-officio	
Miss Anna Morang, R. N.	
Mrs. June Johnson, R. N., M. S.	
Rev. John F. Lawler	
Miss Lilyan Weymouth, R. N.	
Mr. Francis Ryan	
Peter DiNatale, M. D.	Ex-officio
John H. Porter, III, M. D.	
Mrs. John M. Mackenzie	
Walter E. Barton, M. D.	Ex-officio
Miss Margaret Tibbetts, R. N.	

HOSPITAL CHAPLAINS

Rev. John F. Lawler
Rev. Robert Giggi
Rev. Judson D. Howard
Rev. Nikos Georges
Rabbi Abraham Koolyk

RESIDENT STAFF

Reception Service

Guy da Silva, M. D.

Senior Psychiatrist in
charge - Female Wards

Frank Parodi, M. D.

Senior Psychiatrist in
charge - Male Wards

West Men's Service

Jonas Kolker, M. D.

Senior Psychiatrist

West Women's Service

Frederick Ehrlich, M. D.

Senior Psychiatrist

East Women's Service

Joseph J. Mullen, M. D.

Senior Psychiatrist

Medical Service

Douglas Stratton, M. D.

Senior Physician and
Chief of Service

Alfred Basamania, M. D.

Principal Physician

Harrison O'Connor, M. D.

Principal Physician

Hospital Pathologist

Naomi Raskin, M. D.

Principal Physician

After Care Program

Davide Limentani, M. D.

Chief Psychiatrist

Assistant Physicians

Gordon Koota, M. D.

Charles M. Tyler, M. D.

Richard C. Pillard, M. D.

Staff Psychiatrists

Michael J. Gill, M. D.

David Browne, M. D.

Jacques Drouin, M. D.

Morris C. Cross, M. D.

John J. Soltys, M. D.

Julian Sacks, M. D.

Julian J. Newman, M. D.

Thomas Belleau, M. D.

Psychiatric Residents

Donald S. Greene, M. D.
Philip Lazaroff, M. D.
Nancy Nichols, M. D.
Hyman Rossman, M. D.
Norman M. Murphy, M. D.
Nestore D'Angelo, M. D.
William J. Betinas, M. D.
Albert Kohlmeyer, M. D.
Nathan Coleman, M. D.
Lieselotte Suskind, M. D.

Briggs Clinic

John H. Porter, III, M. D.
Richard Lentschner
Grace R. Blitzler
T. Leon Nicks, Jr.

Director
Psychiatric Social Worker
Psychiatric Social Worker
Psychologist

Dental Department

Vincent O'Donnell, D. M. D.
Philip Chartier, D. M. D.
Mrs. Laura Weinrebe

Dentist
Dentist
Dental Hygienist

VISITING STAFF

Surgical Division

Chief Surgeon
Visiting Surgeon, Senior

A. J. A. Campbell, M. D.
Charles G. Shedd, M. D.

Visiting Surgeons

J. Edward Flynn, M. D.
Albert S. Murphy, M. D.
Karl D. Kasparian, M. D.
Eugene Guralnick, M. D.

Assistants to the Visiting
Surgeons

Harold I. Miller, M. D.
Stanley Mikal, M. D.

Visiting Surgeon, Senior,
Bone and Joint Diseases
and Orthopedic

Charles Bradford, M. D.

Visiting Surgeon, Orthopedic

Richard A. Bragdon, M. D.

Visiting Surgeon, Senior,
Thoracic

Joseph P. Lynch, M. D.

Visiting Surgeon, Thoracic
Visiting Surgeon, Thoracic

John W. Strieder, M. D.
Irving M. Madoff, M. D.

Visiting Surgeon, Senior,
Neurosurgery
Visiting Surgeon, Neurosurgery

Milton F. Brougham, M. D.
Albert M. Starr, M. D.

Visiting Surgeon, Plastic
Surgery

Malvin F. White, M. D.

Visiting Surgeon, Senior,
G. U.
Visiting Surgeon, G. U.

Joseph Fischmann, M. D.
Hyman Hershman, M. D.

Visiting Surgeon, Senior,
Ophthalmology
Visiting Surgeon,
Ophthalmology

Francis J. West, M. D.

D. Robert Alpert, M. D.

Visiting Surgeon,
Otolaryngology
Visiting Surgeon,
Otolaryngology

Sidney Wilker, M. D.

Charles Kent, M. D.

Medical Division

Chief of Medicine	Samuel Stearns, M. D.
Visiting Physician, Dermatology	Philip McCarthy, M. D.
Visiting Physician, Senior, Endocrinology	Samual L. Gargill, M. D.
Senior Visiting Physician, Medicine and Hematology	William Dameshek, M. D.
Senior Visiting Physician, Hematology	William G. Moloney, M. D.
Visiting Physicians, Medicine	Stephen Mathewson, M. D. Bernard Maney, M. D. Melvin Klayman, M. D. John C. Dalton, M. D. Benjamin Selling, M. D.
Assistant in Medicine	Edward H. Hommel, M. D.
Visiting Physician, Radiology	Robert H. Hermanson, M. D.
Visiting Physician, Tuberculosis	Joseph D. Wassersug, M. D.
Visiting Physician, Physical Medicine	Louis Feldman, M. D.
Visiting Physician	David Oppenheim, M. D.
Visiting Podiatrist	Sydney Brass, M. D.
Assistant Visiting Podiatrist	Frank J. Alessi, M. D.

General Practice Section

Visiting Physician	Leonard Box, M. D.
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Psychiatric Division

Chief Psychiatrist and Chief of
Professional Services

John M. Mackenzie, M. D.

Visiting Psychiatrist, Senior

James Mann, M. D.

Visiting Psychiatrists

Robert T. Long, M. D.
William L. McCarthy, M. D.
Harold Wilson, M. D.

Visiting Psychiatrists,
Courtesy Staff

Max Day, M. D.
Donald T. Devine, M. D.
Alexander Hyde, M. D.
James B. Kludt, M. D.
Erwin H. Schell, M. D.
Jacob Swartz, M. D.
Malkah Tolpin, M. D.
Joan J. Zilbach, M. D.
Stewart Smith, M. D.
Robert Kelley, M. D.
Veronica Tisza, M. D.

Visiting Neurologist

Irving M. Levine, M. D.

Visiting Neurologist

Richard W. Egan, M. D.

Dental

Visiting Oral Surgeons

Daniel J. Holland, D. M. D.
Edward L. Sleeper, D. M. D.

Anesthesia

Visiting Anesthetist

Murray Winston, M. D.
Irving E. Gilbert, M. D.
Dante Adelizzi, M. D.

Consultants in Medicine

Hyman Morrison, M. D.
Elsie W. Brown, M. D.
Leo Hess, M. D.
Francis M. Rackemann, M. D.

Consultant in Medicine and Allergy

Consultant in Psychiatry

Newman Cohen, M. D.

Consultant in Oral Surgery

Richard Norton, D.M. D.

Consultant in Dermatology

Francis McCarthy, M. D.

Consultant in Podiatry

Charles Thorner

Research Staff

John M. Mackenzie, M. D.	Director
Leo Alexander, M. D.	Director, Neurobiological Unit and Multiple Sclerosis Unit
John Arsenian, Ph.D.	Director of Psychological Research
Miss Madeline Smith	Electroencephalographic Technician
Elvin V. Semrad, M. D.	Consultant in Clinical Research
William B. Castle, M. D.	Consultant in Research
Roy G. Hoskins, M. D.	Consultant in Research

Research in Rehabilitation

Ralph R. Notman, M. D., Director	Consultant in Research
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Research in Home Care

Tobias Friedman, M. D., Director	Research Associate
Alvin Becker, M. D.	Research Associate

Research in Geriatrics

David Blau, M. D., Director	Research Associate
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Research in Psychiatric Aide Training

Rufus M. Vaughn, M. D., Director	Research Associate
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Research in Effectiveness of New Drugs

Edwin Davidson, M. D., Director	Research Associate
Melvin Kayce, M. D., Co-Director	Research Associate

TO HIS EXCELLENCY THE GOVERNOR AND THE HONORABLE MEMBERS OF
THE COUNCIL:

The Trustees of the Boston State Hospital take pride in the continued advancement of the care and treatment of patients with mental illness. The progress made is set forth in this the 121st Annual Report of the hospital.

With the help of volunteers and their energy and resources the appearance of the hospital has been improved. Volunteers contributed the technical knowledge of interior decoration to make the donated furnishings look more attractive than would otherwise have been possible. The Community Lounge furnished by the Community Friends of the Boston State Hospital, is a major achievement and brings much pleasure to the patients who use it. It also provides a new library for patients in the West group. Volunteers also contributed money for a patient laundry, for a memorial room to a former League member who active in the work and a homemaker unit which is still to be placed and constructed.

The appearance of grounds have also been improved with planting of trees and more careful attention to the grass and flower beds. Much is still left to be desired in the appearance of patients as the inadequate number of nurses and attendants struggle to motivate patients toward better self interest.

The hospital is troubled by its inability to start new programs that are logical and feasible extensions of research activities

pioneered at the Boston State Hospital. The Home Treatment Service, for example, has demonstrated that with 6 or 7 visits patients can be motivated to secure outpatient treatment and to remain outside of the hospital who would otherwise have been hospitalized.

With the use of aftercare procedures, readmissions which have been steadily rising, could be reduced significantly. An organized program of follow-up could be expected to reduce by half the number of patients relapsing. Rehabilitation of the chronically ill patient is possible but requires intensive and prolonged effort. There are still too many idle patients for whom time passes without steps being taken to turn them into more productive individuals.

The hospital is also troubled by the loss of career people. Physicians do not remain long in senior status. This seriously handicaps the training program which is the only source of replacements in the medical field. The degree of difference between the salaries paid in Massachusetts and many of the other states now is so significant that the situation will worsen rapidly unless remedial steps are taken.

The nursing situation has deteriorated over the past 3 years until it has reached dangerous proportions. It is an understandable reaction to the fact that the State offers \$10.00 per week less to a graduate head nurse than she can get for easier work in more pleasant surroundings with more

cooperative patients. The degree of impairment of nursing service is not immediately noticeable by looking at the quota of filled and unfilled positions. The hospital has an inadequate quota of Registered Nurses to begin with and of its quota of 84, only 1 in 3 of these positions is actually filled by a Registered Nurse. Medications are being given by individuals who have had only a smattering of training and have no knowledge of toxic symptoms or manifestations or the observations that are essential clues to their detection.

The turnover in occupational therapists doubled during the past year. 16 persons terminated out of a total of 25 therapists. Social work positions also went unfilled or were filled for brief periods of time. The hospital's inability to get a qualified Treasurer for many months is further indication of the degree to which the salaries of division and department leaders have fallen behind those offered in the competitive field.

Professional workers, that are in very short supply, cannot long endure practice of second-class medicine or the frustrations that go with long delays in pay and poor personnel policy. They demand excellence in performance and reasonable progress toward better patient care.

We are distressed also at the postponement of essential repairs and the shortage of equipment due to cuts in the budget. Such major capital improvements as completion of

the B Building plumbing, the replacement of the H and B elevator, now condemned for use, are typical of the problems at hand. We are distressed also at the comments made by the Joint Commission on Accreditation of Hospitals pointing to poor records that sharpens the inadequacy of the present secretarial staff. Although the hospital was provisionally approved, there are many points that must be corrected in the next year. Their correction will require increases in personnel.

The cost of operation of the hospital is only \$5.93 per day when compared to more than twice that amount in the Veterans Administration Hospital and over 5 times that amount for a day of care in a public hospital.

There were several costly fires in the hospital during the past year, some occasioned during the brief period of acute disturbance of some mentally ill patients who set fire. However, the most devastating was one that destroyed the Staff House and caused the death of Dr. William Parker. Careless disposal of a cigarette was the probable cause. Although the damage to the building was said to be valued at \$10,000 necessary remodelization of the ancient structure to meet present day safety codes would have cost in the vicinity of \$32,000 instead of \$10,000. Its replacement is logical. The Trustees recommend construction of a self liquidating apartment building on the grounds to be erected by a non profit corporation given the legal authority to do so.

There would be no difficulty whatsoever in keeping the structure fully occupied with great benefit in recruiting of scarce professional personnel so badly needed in the advancement of the total program of the hospital.

Elihu I. Lewis, M. D., was appointed Trustee during this year. Dr. Martin Spellman resigned in October and was replaced by Judge Leo P. Doherty. Wilfred Scott's term expired on February 1st, 1961, and he was reappointed.

During this year Dr. Walter Barton, the Superintendent, was honored by his elevation to the presidency of the American Psychiatric Association. He is the fourth superintendent of the Boston State Hospital to be honored in the 120 years the association has been in existence.

We are indeed grateful to the Department of Mental Health for their continuing support and their forward looking program which, if implemented, would solve most of our problems. We are cognizant of the difficulties that face the Legislature as they seek ways to finance the increasing costs of state government with limited resources at their disposal. We do hope for their

continuing support and concern. We wish to also
thank the Governor and the Council for their sympathetic
understanding of our problem.

Respectfully submitted,

Peter DiNatale M.D.

Elaine H. Dobrowski

Peter DiNatale, M. D., Chairman

Mrs. Elaine Dobrowski,
Secretary

Mr. Harry Schlesinger

Mrs. Bessie D. Kaufman

Elihu I. Lewis, M. D.

Mr. Leo P. Doherty

Mr. Wilfred Scott

THE SUPERINTENDENT'S REPORT

The following is the Hundredth and Twenty First report of the activities of the Boston State Hospital for the fiscal year that ended on June 30th, 1961. It marks the completion of 15 years of service under the present administration.

Our proudest achievements are concerned in the quality of care given to the psychiatric new admission and to those with medical and surgical disorders. An interesting decline in first admissions occurred this year. The total admissions numbered 1800. The anticipated number was 2200. Another year of experience will be necessary to see if the decline will be sustained. It may be that a turning point in the unbroken rise in admissions has taken place. The stay time of patients in the hospital has continued to shorten.

However, the readmissions have reached an all-time high of 44%. The means are at hand to reverse this process as research has revealed that the high return rates can be offset by an efficient organization for the aftercare of released patients. We have had an urgent request before the Legislature for the past two years for the personnel to establish follow-up treatment. It costs 50 cents a day to provide aftercare services and \$5.00 a day for in-patient care.

There has been a further decline in the census in the hospital. The average census was 2500 in 1960. The decrease is the more remarkable when one considers that a few short

years ago the average number of patients in the hospital was nearly 3100.

Spectacular gains are being made in patient motivation that demonstrate greater responsibility for self management. Many now enjoy open door privileges. Although last year there were many complaints about patients wandering in the neighborhood, as they explored their new found freedom, this year the incidents diminished markedly. Nearly 80% of the patients are presently on open wards with dramatic improvement in their conduct and behavior.

Voluntary admissions have also increased 21%. The number of patients being sent to the Grafton State Hospital continues to decline. This year only 152 patients were transferred. Previously some 550 admissions with less than 12 years residence in Boston went to Grafton for definitive treatment. The additional responsibility for Grafton admissions has been carried out without any change in the staffing pattern. There has, however, regrettably been some dilution in the intensity of therapy possible for all patients under treatment as a consequence of the additional load. The resources to do the extra work come from continued treatment wards. This explains the lower standard of care available here for the chronically ill.

An admission service established this year with an experienced staff is processing new patients more thoroughly at in-take to speed the treatment and evaluation process.

The Medical Library has been improved and service extended. It is serving the varied research programs efficiently.

The volunteer services have made solid gains. The Public Information Officer created a supportive community attitude toward the hospital with the fine local newspaper, the many TV and radio shows, the public gatherings and in particular with the "coffee breaks" for merchants dealing with problems of the open door. The open house held in the spring was also very well attended.

The Visiting Staff has served the hospital with increasing efficiency. The General Practice Section was established during the year. Some difficulty was experienced in getting men to donate their time. There is cause to be proud of the record of the operating room. The post operative infection rate is as low as that in the best general hospitals.

The hospital's research program continues to win acclaim. It is one of the most extensive carried out in any mental hospital.

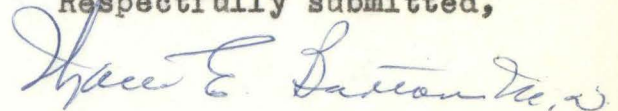
The number of foreign visitors who came to visit the hospital increased during the past year. People came from all parts of the world to study the methods of treatment in use here.

Our unmet needs are those that we have emphasized for the past several years. We will re-emphasize only three of our most pressing needs:

1. Support for new programs including pre hospital services, home visitation, day hospital, rehabilitation for the chronically ill and after care.
2. Realistic competitive salaries for our professional people and department heads on whom program development and long range planning depends.
3. Increases in the repair and equipment budget so that we may maintain the buildings and provide the tools essential for our staff to do their job.

I wish to express my gratitude to the understanding support that I received during the entire year from my department heads and division leaders as well as from the Board of Trustees who at all times gave their full support to the superintendent.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Walter E. Barton". The signature is fluid and cursive, with a large initial "W" and a long, sweeping underline.

Walter E. Barton, M. D.
Superintendent

MOVEMENT OF POPULATION

The resident census of the hospital on June 30, 1961, was as follows: 1042 men; 1423 women, a total of 2465, as compared with 1158 men; 1511 women, a total of 2669, a year ago.

There were admitted during the year 884 men and 921 women, a total of 1805 new patients. There were discharged outright 490 men; and 336 women, a total of 826 patients. There were 79 men; and 26 women transferred to other institutions. A total of 946 patients were placed on visit, in the community, during the year. The deaths during the year numbered 140 men and 151 women, a total of 291.

There were remaining on the books of the hospital on June 30, 1961, 2934 patients of which number 2465 were in residence, and 469 patients were on visit or otherwise absent.

COMPARATIVE TABLE AT 5 YEAR INTERVALS

<u>Year</u>	<u>Pts.on</u> <u>Books</u>	<u>(Male-Female)</u>		<u>Pts.in</u> <u>Hosp.</u>	<u>(Male-Female)</u>		<u>Admissions</u>	<u>(male-fem.)</u>	
1961	2934	1217	1717	2465	1042	1423	1805	884	921
1956	3455	1392	2063	2854	1200	1654	1493	768	725
1951	3552	1519	2033	3028	1310	1718	1423	679	744
1946	3139	1345	1794	2812	1219	1593	1167	538	629

In 1960, there were 2018 patients admitted and the prediction called for 2200. The number actually received was 400 less.

PATIENTS IN RESIDENCE, JUNE 30, 1960

<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
1158	1511	2669

<u>ADMISSIONS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
New Admissions during Year	884	921	1805
Admitted from Visit	167	253	420
Admitted from Absence	2914	4890	7804
Admitted from Escape	114	92	206
Admitted from AWA	684	429	1113
Admitted from Family Care	<u>0</u>	<u>2</u>	<u>2</u>
<u>Total Admissions for Year</u>	4763	6587	11,350

<u>DISMISSALS</u>			
Dismissed on Visit	350	596	946
Dismissed on Absence	2993	5022	8015
On Escape	121	98	219
On AWA	706	445	1151
Died	140	151	291
Discharged Outright	490	336	826
Transferred	79	26	105
Placed in Family Care	<u>0</u>	<u>1</u>	<u>1</u>
<u>Total Dismissals for Year</u>	4879	6675	11,554

<u>OTHER CHANGES</u>			
Discharges from Visit	161	344	505
Discharges from Escape	9	13	22
Discharges from AWA	62	68	130
Discharges from Absence	1	1	2
Died on Family Care	0	1	1

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
On AWA from On Visit	1	2	3
On AWA from On Absence	48	79	127
On Absence from on AWA	2	1	3
On Escape from on AWA	1	4	5
On Escape from On Absence	3	2	5
On Escape from On Visit	0	1	1
On Visit from On Family Care	0	1	1
On Visit from on AWA	6	16	22

SUMMARY AS OF JUNE 30, 1961

In Residence	1042	1423	2465
On Visit	104	173	277
On Absence	34	65	99
On Escape	12	6	18
On AWA	25	30	55
In Family Care	<u>0</u>	<u>20</u>	<u>20</u>
	1217	1717	2934

The new admissions of 1805 persons were offset by the following:

Died	291	1222	
Discharged	826	505	discharged from visit
Transferred	<u>105</u>	22	" " escape
	1222	<u>3</u>	" (misc.)
		1881	

NEW ADMISSIONS

1st Admissions	544	472	1016
Readmissions	<u>340</u>	<u>449</u>	<u>789</u>
<u>Total</u>	884	921	1805

44% of the new admissions were known to be readmissions, as compared with 39% last year.

This year we were able to discharge 79 more patients than we have admitted, 4.38% as compared with 8.37% of last year.

Voluntary patients make up 21.4% (628) of the total number of patients on our books. This is a 2.8% increase over last year, and a 5.4% increase over two years ago.

During the current fiscal period sixteen (16) patients were placed in the Non-Statutory Status. As of June 30, 1961, there remained only four (4) patients under this status.

The number of patients sent to Grafton State Hospital under the Settlement Rule continues to decline. From a high point of 550 patients sent to Grafton for further care, this year's number was 150. The policy change was made without adding any resources to handle the increased case load. Because the regulations remained unchanged, only those persons were transferred who failed to bring pressure to bear for an exception. This is not a fair way to make rules.

340 patients were admitted to D-9 ward for patients over 60 years of age.

BRIGGS CLINIC - Adult Out Patient Department - John H. Porter, III,
M. D., Director and Chief Psychiatrist

General

The major emphasis in our program continues to be in the two areas of providing service to the community for the evaluation of treatment of the mentally ill and in training of psychiatric residents. We are attempting to establish on a limited basis facilities for acute out-patient treatment and long term supportive and pharmacologically oriented treatment. We feel that experience in these areas can be of value to our residents and can also be of service to the community.

Training Program

The training program for second year psychiatric residents at the Boston State Hospital has been greatly expanded so that residents spend a day and a half doing out-patient work instead of the previous one-half day. This includes closer coordination of the clinic and hospital teaching programs, additional teaching seminars for the residents at the clinic, increased supervision, greater use of our trained clinic staff in a teaching capacity, experience for the residents in doing initial evaluations of new patients, and a greater case load for each resident. In addition to the increased service to the community through residents seeing more patients in evaluation and treatment, we feel that an improved and expanded training program will automatically improve the quality of the service we offer.

Potential New Service to the Community

At the present time we are establishing on a limited basis a clinic to handle psychiatric emergencies and long term treatment based on superficial support and drug therapy. This will not only provide further service to the community but can also be an added experience for our psychiatric residents.

Fee Schedule

During the past years the clinic has more realistically met the old question of fee for service. Primarily this has resulted in many patients viewing their treatment with more interest but has also increased our clinic income.

Contact with Other Clinics

During the year we have attempted to maintain our contacts with the various hospitals and psychiatric clinics in the community. During the year we have also noted a general increase in referrals from the various university medical clinics. This seems to mirror the general community interest in offering psychiatric treatment to the students. These are often people with good prognosis and great potential.

Changes in Personnel

Dr. Albert C. Kohlmeyer took over the position of Assistant Physician from Dr. Richard Wolff and handled the position with skill and devotion. Dr. Wolff left to continue his training at the Judge Baker Guidance Center. Dr. Kohlmeyer became a senior psychiatrist at the hospital and his position was filled by Dr. Alan Rothstein who returned from military service. We will also have another full time psychiatrist, Dr. Ernest Steinhilber, who had previously been in training at the

Hartford Retreat. Dr. Leon Nicks took over the position of Principal Psychologist from Dr. Alfred Lowe who left to assume a position at the New England Home for Little Wanderers. The position of Junior Clerk and Stenographer was filled by Joanne McMerriman. We are fortunate to have found someone to fill this position on a more permanent basis.

Supervision and Consultants

Throughout the year we have continued to have the excellent services of our two major consultants, Dr. David Blau and Dr. Robert T. Long. We are pleased that Dr. Blau will continue on our consulting staff. Dr. Long is new to the consulting staff to the Briggs Clinic but not to the Boston State Hospital. He is an analyst and child psychiatrist who will add much to the clinic from his experience and teaching ability. We also turned to experienced psychiatrists at the Boston State Hospital for more supervision and the residents also received supervision from Dr. da Silva, Dr. Mackenzie, Dr. Lambert, and Dr. Kayce. We are presently attempting to obtain the services of other well qualified supervisors to give our staff and residents as complete and broad experience as possible. We will continue to make efforts to rectify this situation during the coming year.

Clinic Problems

The first of the two major problems continue to be the inadequate space and physical facilities of our clinic. This has been an old problem for us. We have exhausted the

temporary and superficial measures that can be taken to improve the facilities that are available and must again emphasize our need for new quarters. The other major problem is arranging adequate supervisory times at all levels. We hope during the coming year to improve this condition with the engagement of qualified consultants.

STATISTICS

For Fiscal Year July 1, 1960 to June 30, 1961

Requests for Intake		284
New Admissions	107	
Readmissions	17	
Total Admissions		124

PATIENTS TERMINATED

After Diagnosis and Treatment

Terminated by patient, improved	14
Terminated by patient, unimproved	29
Terminated by clinic, improved	17
Terminated by clinic, unimproved	2

After Diagnosis

Treatment refused by patient	16
Refused for treatment by clinic	38
Ineligible	1
Referred elsewhere	36
Other reasons	1

<u>After Other Services only</u>	14
----------------------------------	----

CLINIC ACTIVITIES

Intake Interviews	109
Evaluation Interviews	221
Person Interviews, Individual	2309
Person Interviews, Group	418
Number of Group Psychotherapy Sessions	132

Interview Others	40
Number of Patients Tested Psycholog- ically	35
Psychological Test Hours	112½
Total Number of Tests	213
Total Number of Visits	3013

OTHER CLINIC ACTIVITIES

Supervision of Individual Therapy Hours	571
Supervision of Group Therapy Hours	44
Staff Meeting Hours	98
Community Service Hours	13

Total Received in Fees

\$5,827.50

PERSONNEL

The Personnel Office operates under the Treasurer and the guidance of the Department of Mental Health. On June 30th, 1961, there were 1104 permanent quota positions. Most of the year there were vacancies for registered nurses, physical therapists, social workers, and occupational therapists.

One of the most urgent needs of the hospital is the creation of the post of Personnel Manager. Elsewhere we have outlined the duties of this individual. An enormous amount of time of division and department heads is spent on personnel matters. The work of this department is far too heavy for one personnel clerk.

Other matters pertaining to personnel, particularly as to recruitment and retention and salaries, have been described elsewhere.

<u>1960</u> <u>Month</u>	<u>Total Employees Hired</u>	<u>Transfers Within Hospital</u>	<u>Terminated</u>	<u>Retired</u>	<u>Deaths</u>	<u>Transfers</u>
July	22	11	49	0	3	0
August	31	11	27	0	2	1
September	41	13	52	1	0	2
October	38	13	22	4	1	0
November	26	15	26	2	0	0
December	27	11	11	1	0	0
<u>1961</u>						
January	29	13	27	0	0	0
February	20	11	22	4	1	0
March	8	8	9	0	1	0
April	26	8	29	0	1	0
May	23	5	24	0	0	0
June	65	8	24	2	2	0

Total Employees Hired: 356

Total Employees Terminated: (includes
retirements, deaths, transfers:) 350

Employees who retired during Fiscal Year of June 30th, 1961

Galina Rakoczy	September 16, 1960 (effective 2/18/59)	Laboratory Technician
Mildred Godfrey	October 1, 1960	Telephone Operator
Hazel Fielding	September 30, 1960	Cook
Patrick McDonough	October 4, 1960	Meatcutter
Lucy Cregg	October 17, 1960 (effective 5/21/60)	Launderer
Sara Davis	October 31, 1960	Attendant Nurse
Marjorie Holmes	November 2, 1960	Attendant Nurse
Mary Purcell	November 30, 1960	Launderer
Grace Carroll	February 14, 1961 (re-hired 2/1/61 under Chap.639)	Charge Attendant Nurse
Helen Hale	February 10, 1961	Charge Attendant Nurse
Ruby Werzbiceky	February 3, 1961	Beautician
Donald Hudson	May 31, 1961	Charge Attendant Nurse
Margaret Carroll	May 31, 1961	Licensed Practical Nurse

Employees who expired during Fiscal Year of June 30th, 1961

James McNeil	July 18, 1960	Special Attendant
James Ciccio	July 4, 1960	Steam Fireman
Mae French	July 4, 1960	Licensed Practical Nurse
James Dawley	August 23, 1960	Institution Porter
Margaret James	July 31, 1960	Licensed Practical Nurse
Mary Neundorf	October 16, 1960	Licensed Practical Nurse
Hugh Feenan	February 5, 1961	Chauffeur
Robert A. Finley	February 28, 1961	Attendant Nurse
William P. Parker, M.D.	April 17, 1961	Assistant Physician
Elizabeth Buckley	June 8, 1961	Attendant Nurse
Etta Mills	May 27, 1961	Attendant Nurse

PROFESSIONAL SERVICE DIVISION - William T. St. John, M. D.

Assistant Superintendent

MEDICAL RECORDS DEPARTMENT

This department functioned with 17 stenographers and typists in five decentralized Medical Records Offices, corresponding to the principal hospital services.

In April, an Admission Service was set up in the Reception Building as a separate unit of the Medical Record Office, and opens new case records, notified relatives of patients admitted, and all of the usual procedures in connection with the admission of a new patient. This is a pilot effort and it is planned eventually to move this Admission Service to the D Building.

There were several vacancies in this department during the year and the usual delays encountered in filling positions because of the inadequate salaries to meet the competitive market.

There is urgent need for an additional typist or stenographer in the Medical and Surgical Building Record Office. The offices in B, H, and East Group continue to function most satisfactorily. The Statistical Division, which is located in the Reception Building also needs assistance in the category of a Junior Clerk and Typist.

Miss Frances E. Brady, Senior Clerk and Stenographer, who

was in charge of the Medical Record Office in Reception Building for many years, began training in June of 1960 as the Personnel Office clerk, to fill an anticipated vacancy of Mrs. Luiginia Rania, who had submitted her resignation. The Medical Record Office in Reception Building is to be supervised by Mrs. Janet Bornstein.

The Joint Commission on Accreditation of Hospitals was highly critical of the records. It was stated records were incomplete and superficial in content. A classification system is urgently needed. As therapy has expanded and staff work increased, records have not kept pace. Additions to staff are long overdue.

PHARMACY DEPARTMENT - Mr. Joseph Siciliano, Pharmacist

The orientation program for the new residents was given at the beginning of the 1960 Fiscal Period. A Hospital Formulary was issued to each resident at that time. This program and Formulary were very successful during the year as they helped the new residents to become acquainted with the operation of the Pharmacy.

Our O.P.D. has been steadily increasing since its inception in 1958. The following figures, which are for a calender year, will indicate this:

- 1958 - 655 O.P.A. Prescriptions were filled.
- 1959 - 2100 Prescriptions were filled.
- 1960 - 2731 Prescriptions were filled.
- 1961 - 3800 Prescriptions will be filled (estimate).

Because of the increase of our O.P.D., the continuous services of a Pharmacist is required to fill its needs. Therefore, I request a Pharmacy Assistant block to be made available, in order that the Pharmacist can perform his duties without constant interference. The Pharmacy Assistant duties would be to fill stock, to keep stock room records, and to help to keep the Pharmacy well stocked at all times.

The use of tranquilizing drugs is still steadily increasing as follows:

		1959	1960
Mellaril Tablets	100 mg.	63,345	107,328
Mellaril Tablets	25 mg.	6,684	63,345
Tofranil Tablets	25 mg.	50,054	107,771
Stelazine Tablets	2 mg.	15,269	33,084
Stelazine Tablets	5 mg.	62,540	105,243

During the year 1960 the Hospital Formulary was revised by the Formulary Committee.

Our principal obstacle is, if one man is in the Pharmacy alone at some particular time, it becomes a physical impossibility to do the work load and recordings, which are very important. Therefore, our need for a Pharmacy Assistant is most urgent.

PHYSICAL THERAPY DEPARTMENT

During this entire fiscal year there were two vacancies unfilled. 114 different individuals were given 6,702 treatments. Dr. Louis Feldman, held 46 clinics, seeing 221 patients.

A hospital-wide chest x-ray survey was done over a two week period, October 24th through November 8th; during which time 2,032 chest films were taken on patients and 249 on employees. The Physical Therapy Department was closed during this time.

On January 30, 31 and February 1, this department arranged for, and supervised, 172 retake chest films. Since the middle of March, with the help of a patient assistant, follow-up films have been made on patients reported by the survey as needing further study. As an end result new files have been developed with a "tickler" system for a regular follow-up on our inactive T.B. patients of which there are 400 or more.

The Department was closed for 4 more weeks during the vacation of the sole technician.

One of the most important needs for better functioning is a better ventilating system in the summer. Not having any cross-ventilation, the air gets stagnant. The temperature (in summer) goes up over 85° in the department, and heat treatments are then cancelled (by order of Dr. Feldman); above 90° and Dr. Feldman has ordered all treatments stopped.

<u>DIAGNOSES</u>	<u>NO. OF PATIENTS</u>
AMPUTATION	4
AMYOTROPHIC LATERAL SCLEROSIS	1
ARTHRITIS	2
ARTHRITIS - rheumatoid	2
ASTHMA	1
AXILLARY DISSECTION - radical	1
BURSITIS	7
CEREBELLAR ATROPHY	1
CEREBRAL VASCULAR ACCIDENT	10
CONTRACTURES	2
CONTUSIONS	2
DEBILITY - general	1
DERMATITIS	1
DERMATITIS - atopic	1
DISLOCATION	1
DUPUYTREN'S CONTRACTURE	1
EDEMA	1
EMPHYSEMA	1
FRACTURES - ankle	1
elbow	1
femur	2
hip	6
hip - nailed	9
prosthesis	4

os-calcis - both	1
spine	5
tibia	1
tibia & fibula	1
wrist	2
FROZEN SHOULDER	1
LACERATED TENDONS & NERVES	1
MULTIPLE SCLEROSIS	1
MYOSITIS	1
NEUROMA	1
PALSY - peroneal	1
radial nerve	1
PARALYSIS - hysterical	2
PERIPHERAL NEURITIS	4
POSTURAL DEFECT	1
POLYNEURITIS	1
POST SKIN GRAFT	1
SEVERED TENDON	1
SPRAIN ANKLE	1
wrist	1
STRAIN - back	5
lumbar	5
shoulder	4
TENDON TRANSPLANT	1
TORTICOLLIS	1
ULCER - chest wall	1
UNDETERMINED NEUROLOGICAL DISEASE	1

TYPES OF TREATMENTS GIVENNO. OF TREATMENTS GIVEN

AMBULATION	711
BICYCLE - stationary	132
CRUTCH WALKING	17
DRESSINGS	17
EXERCISES	3761
KANAVEL TABLE	17
MASSAGE	49
MATS	4
PARALLEL BARS	430
PULLEY WEIGHTS	34
RADIANT HEAT	400
ROWING MACHINE	4
SHORT WAVE DIATHERMY	53
SHOULDER LADDER	137
SHOULDER WHEEL	137
STALL BARS	4
ULTRASOUND	21
ULTRAVIOLET	64
WALKERS	514
WHIRLPOOL BATH	184
WRIST CIRCUMDUCTOR	6
WRIST ROLL	6
	<hr/>
	6702

SUMMARY:

Total diagnoses treated	114
Total number of different diagnoses treated	53
Number of employees treated	10
Total number of patients treated	104
Total number of treatments given	6,702
Number of clinics held by Dr. Feldman	46
Total number of patients seen by Dr. Feldman	221

MEDICAL LIBRARY DEPARTMENT

The Medical Library of the Boston State Hospital is maintained for the use of the staff of the hospital. It has a large collection of books which is added to throughout the year by new purchases and an excellent list of Serial Publications subscribed to, in Psychiatry and related fields. We have the nucleus of an outstanding library for teaching and research purposes.

Mrs. Jean F. Largey was appointed to the position November 16, 1960, after a temporary assignment from October 3, 1960, with full time duties and responsibilities of the Medical Library. Yvette Doucette, a patient assistant, was responsible for the physical appearance of the library and clerical work.

The acting librarian has had 15 years experience in Public Librarianship plus other valuable experiences and education which enables her to cope with the specialized work as Librarian in a Psychiatric Institution. Having had little or no experience, personal or otherwise, in a Mental Institution, the position came as a challenge, both to my profession and personal efforts.

Since this the first annual report, prepared by the incumbent, the duties of the Librarian and Assistant are indicated:

Duties of the Librarian:

1. Responsible for book collection and physical condition of the library.
2. Personnel or assistants to supervise.
3. Check and see that all work is completed at end of day.
4. Each morning look over condition of office, reference room and library.
5. Make library attractive - book displays, plants, etc. - magazine rack.
6. Responsible for accessioning, cataloguing, shelf list: cards of all new and present books.
7. Reference work.
8. Interlibrary loan
9. Book orders - twice a year
10. Serial publications - new list and sets for bindery.
11. All telephone calls referred to Librarian.
12. Bulletin boards (2)
13. Counting daily circulation and total at end of month.
14. Bibliographic work.
15. Outside medical library reference work, Boston Public Library, Harvard Medical and Boston Medical Libraries.
16. Manuscript suggestions and corrections.
17. Book lists (special)
18. Also extend help to the nursing school library and library in the medical building. Started a catalogue in each library. Typed cards and classified books.

Duties of the Assistant:

1. The assistant librarian assumes administrative duties in the absence of the librarian.
2. Serial publications - stamping with the official stamp, checking off, etc.
3. Responsible for items to be sent to the bindery.
4. Responsible for overdue notices.
5. Responsible for magazine racks and book stacks, dusting, etc.
6. Filing in circulation - typing and verifying shelves.

After administering and organizing the duties in this medical library, since the budget on books is so low, I took advantage of the Boston Public Library, Boston Medical Library and Harvard Medical Library for reference and research work for the Superintendent, Dr. Walter E. Barton, the Assistant Superintendent, Dr. St. John, the staff physicians and resident psychiatrists. For the first four months I can truthfully say that I found every reference answer for questions asked. Gradually the work became more complicated and I had to resort to the National Library of Medicine. I might acknowledge at this point the excellent cooperation which I have received from all libraries and librarians that I have personally contacted.

Some interesting reference subjects were: Information and writings of a Russian Surgeon, Dr. Verseyev, 1867-1945 - Pros and Cons of the use of the Drug "Tofranil" - Was Edith Buxbaum married when she wrote the book on "Your Child Makes Sense" - New Interpretations of "Hamlet" - article in N.Y.

Times and numerous other requests daily on the phone.

In the past nine months I have concentrated on reference work, meeting the personnel and studying the library for ways of improvement at little or no cost.

I have compiled a booklet on "Information that may be useful to the New Resident, concerning information to be found in the Medical Library".

Throughout the nine months that I have been here, I have been giving informal talks to Student Nurses and visitors from the Public, on the "Medical Library". I would like to set up a formal schedule for doctors, nurses and staff on a seminar, subject "Medical Library and the Use of Medical Indices".

In the course of my duties book lists were compiled, after our new book orders arrived. These lists were used by the complete staff. Also copies were sent to other libraries and hospitals for reciprocation and courtesy which they extend. These lists received favorable comment.

The amazing increase in circulation is partly due to the "hours open", 9 to 4:30 P.M., constant supervision of the library and book collection, also added services available.

With the phone constantly ringing for reference questions, I can sincerely say that no two days have been alike at the Boston State Hospital. Would like to be a part of the medical team by constant attendance at Case Conferences but find this is impossible unless I had a professional assistant.

The following year I would like to work on the catalogue and shelf list, if possible to have the Library of Congress Cards or the National Library of Medicine classification and cards.

Summary:

Having a full time librarian is beneficial to the hospital and staff for there are two kinds of knowledge "knowing a subject and knowing where to find it when one wants information". Also, I believe that the library should play an active part in any institution.

The following statistics were compiled in these past months on the Medical Library:

4/11/59.....4,639 vols.

500 pamphlets

73 periodicals

882 annual circulation

8/3/61.....4,887 vols.

3,003 pamphlets

83 periodicals

3,016 annual circulation - based on 58 bks. weekly circ. to date.

Daily attendance: 25 to 30 people

Number of patrons: 40 per week.

Number of phone calls: 15 to 20 per day

Reference questions: average 15 per day

- A) Types of persons asking reference: doctors, nurses, occupational therapists, social workers, staff and outside callers.
- B) Type of Question: On authors, titles, location of "Reprints", Bibliographies, Russian translations, Index Medicus, subject references such as "Hypocalcemia", Cylothymic, Homosexuality, Teen age prostitution and many other quick references such as spelling of medical terms, definition of syndromes, papers written by staff of Boston State Hospital request from outside calls.

LABORATORY DEPARTMENT

The review of the laboratory activities shows that the prolonged absence of the pathologist, due to an accident, and a turnover of laboratory technicians have slowed the usual tempo of work, but since all of the vacancies have been filled the laboratory has been functioning satisfactorily.

Several attempts to start new research projects had to be given up, mainly because of the lack of necessary personnel and other technical difficulties, but we have resumed our bacteriological and immunological studies of multiple sclerosis.

One article by the pathologist has been accepted for publication in the New England Journal of Medicine.

Clinico-pathological conferences, tissue committee meetings, and surgical meetings were held at regular intervals. The laboratory has acquired several new books, but there has been a delay in getting new equipment.

At our request, a survey of the laboratory facilities has been made by a committee of three pathologists appointed by the President of the Massachusetts Pathological Society. The aim is to enlarge the scope of the work of the laboratory. Their suggestions have not been received as yet.

LABORATORY DEPARTMENT

HEMATOLOGY

Hemoglobin.....	3,536
Red Blood Count.....	118
White Blood Count.....	3,127
Differential.....	3,113
Hematocrit.....	2,501
Sedimentation Rate.....	683
Blood Grouping.....	610
Rh Factor.....	610
Reverse Typing.....	18
Cross Matching.....	655
Prothrombin Time.....	230
Clotting Time.....	50
Bleeding Time.....	22
Reticulocyte Count.....	38
Platelet Count.....	37
Eosinophilic Count.....	4
Sickle Cell Examination.....	2
Coombs.....	25
Color Index.....	8
Volume Index.....	9
Saturation Index.....	8
Mean Corpuscular Volume.....	9
Mean Corpuscular Hemoglobin.....	9
Mean Corpuscular Hemoglobin Concentration...	9

BLOOD CHEMISTRY

Glucose.....	2,861
Non-Protein Nitrogen.....	2,376
Urea Nitrogen.....	229
Total Protein.....	276
Albumin.....	274
Globulin.....	274
A/G Ratio.....	274
Bromsulphalein.....	26
Bilirubin, Direct.....	216
Total.....	225
Interic Index.....	57
Thymol Turbidity.....	116
Cephalin-Cholesterol Flocculation.....	166
Cholesterol.....	33
Sodium.....	404
Potassium.....	414
Carbon Dioxide.....	238
Chloride.....	185
Acid Phosphatase.....	99
Alkaline Phosphatase.....	180
Calcium.....	88
Inorganic Phosphorus.....	44
Amylase.....	49
Acetone.....	4
Bromide Level.....	1
Uric Acid.....	4
Glucose Tolerance.....	29
SGO-Transaminase.....	87
SGP-Transaminase.....	87

CEREBROSPINAL FLUID

Cell Count.....	52
Globulin.....	52
Glucose.....	37
Chloride.....	1
Total Protein.....	52
Colloidal Gold.....	52

SPECIAL TESTS

Gastric.....	3
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URINALYSIS

Routine.....	2,661
Urobilinogen.....	15
Calcium.....	10
Blood.....	1
Bence Jones Protein.....	3
Melanin Pigment.....	1
17 Ketosteroid.....	5

BACTERIOLOGY

Routine Culture and Sensitivity.....	351
Routine Culture.....	399
Stool Culture.....	69
Blood Culture.....	5
T. B. Culture.....	187
Acid Fast Smear.....	221
Direct Smear.....	150
Routine Smear.....	511

Ova and Parasite.....	1
Gram Negative Identification.....	75
Enteric Identification.....	82
Coagulase Test.....	94
Guaiac.....	216

HISTOLOGY

Microscopic Slides.....	3,211
Surgicals.....	296

July 1960 - June 1961

Hematology	15,431
Chemistry	9,565
Urinalysis	2,696
Bacteriology	2,361
Histology	<u>3,507</u>
	<u><u>33,560</u></u>

July 1959 - June 1960

Hematology	17,313
Chemistry	9,393
Urinalysis	2,448
Bacteriology	1,457
Histology	<u>2,758</u>
	<u><u>33,369</u></u>

There were 291 deaths, 140 male and 151 female. 108 autopsies were performed for a percentage of 37.11%.

The causes of death were as follows:

General Arteriosclerosis:

With bronchopneumonia.....	46
" thigh amputation.....	1
" bilateral amputation of legs.....	1
" uremia - bronchopneumonia.....	6
" pulmonary abscess.....	2

Coronary Sclerosis:-

With myocardial infarction.....	46
" lobar pneumonia.....	1
" diabetes.....	2
" thrombosis of popliteal artery, left leg.....	1
" fractured hip.....	2
" congested heart failure.....	1
" bronchopneumonia.....	3
" cirrhosis of liver.....	2
" cholelithiasis.....	1
" acute cholecystitis.....	3

Cerebral Arteriosclerosis:-

With cerebral vascular accident.....	19
" cerebral hemorrhage.....	3
" bronchopneumonia.....	18
" uremia, chronic nephritis.....	1
" diabetes.....	2

With polycythemia vera.....	1
" carcinoma of lymph nodes.....	1
" mid thigh amputation.....	2
" cerebral infarct.....	5

Arteriosclerotic Heart Disease:-

With rheumatic heart disease.....	1
" bronchopneumonia.....	13
" pulmonary edema.....	2
" congestive heart failure.....	1
" fracture of left hip.....	1
" cardiac decompensation.....	1
Hypertensive Heart Disease.....	5
Fractures.....	23
Suicides.....	4
Carcinoma.....	21
Malignant Melanoma.....	1
Malignant lymphoma.....	1
Diabetes.....	2
Multiple adenomas of thyroid.....	1
Empyema of gall bladder.....	1
Acute infectious hepatitis.....	1
Epilepsy and bronchopneumonia.....	1
Paralytic ileus.....	1
Lobar pneumonia.....	4
Septicemia, catatonic state.....	1
Thrombophlebitis - pulmonary emboli.....	1
Acute hemorrhagic pancreatitis, and sickle cell anemia..	1

Acute peritonitis, rupture of duodenal peptic ulcer.....	1
Sepsis, infected leg, amputation.....	1
Bilateral bronchoectasis and bilateral broncho- pneumonia.....	1
Acute cholecystitis, perforated gall bladder.....	1
Ruptured aortic aneurysms of thoracic aorta, general arteriosclerosis.....	1
Cirrhosis of liver and bronchopneumonia.....	1
Pulmonary embolus, amputation right leg.....	1
Uremia and diabetes, general arteriosclerosis.....	1
Pulmonary emboli, cellulitis right foot.....	1
Generalized peritonitis, colo-colic intussusception, small bowel obstruction.....	1
Gangrene of small bowel, mesenteric thrombosis, post- operative cholecystectomy.....	1
Bronchial asthma, bronchopneumonia.....	1
Generalized inanition internal hydrocephalus, cerebral cortical atrophy.....	1
Congestive heart failure, gangrene of left foot and leg, post-amputation.....	1
Tertiary luetic endarteritis, staphylococcal septicemia.	1
Small bowel obstruction secondary to adhesions, broncho- pneumonia.....	1
Acute pyelonephritis and bronchitis.....	1
Alzheimer's Disease and bronchopneumonia.....	1
Lobar pneumonia.....	3
Chronic alcoholic cirrhosis of liver, hepatic coma.....	1
Pulmonary edema, cause unknown.....	1
Acute pyelonephritis and perinephritic abscess.....	1
Large bowel obstruction.....	1

Prostatectomy, bronchopneumonia.....	1
Acute enterocolitis.....	1
Perforated peptic ulcer, Dehiscence, bronchopneumonia.	1
Bronchopneumonia and empyema.....	1
Post-operative hemorrhage and shock, repair of rectal prolapse.....	1
Encapsulated empyema, pulmonary emphysema, aspiration of stomach contents.....	1
Post-encephalitis C. V. A.....	1
Post amputation, left leg, peripheral arterial thrombosis.....	1

ELECTROENCEPHALOGRAPHIC LABORATORY

Electrocardiograms 894

Medical 232

Surgical 138

G I

Geriatrics 425

Men's Cont'ed Treatment Service 22

Women's Cont'ed treatment Service 18

Reception

male 23

female 30

G Service

male I

Out-patient Service 2

Employees 2

894

Metabolism tests 10

Medical 2

Surgical 4

Women's Cont'ed Treatment Service I

Geriatrics I

G Service I

Out-patient Service I

10

Electroencephalograms 52

Medical 23

Surgical I

G 0

Geriatrics 3

Men's Cont'd Treatment Service 3

Women's Cont'd Treatment Service 4

Reception

male 15

female 2

G Service I

52

Work comparison since 1958

	1958	1959	1960	1961
Electrocardiograms	741	774	994	894
Metabolism tests	10	13	16	10
Electroencephalograms	39	63	50	52
	<hr/> 790	<hr/> 850	<hr/> 1060	<hr/> 956

All the electrocardiograms were kept up to date during the fiscal year. The recordings were mounted; the reports were sent to the various services as promptly as possible. During the year, the electrocardiograms were sent to Dr. Samuel Stearns, Chief Medical Consultant of Boston State Hospital, and in turn, he interpreted the electrocardiograms. He sent

the EKG recording and reports back to the hospital in a very short time, and this method kept the EKG Department of the hospital running smoothly.

Dr. Leo Alexander, Dr. Irving M. Levine, and Dr. Robert W. Egan are neurological consultants of Boston State Hospital.

The EEG machine is getting old too, and besides, it has only eighteen channel numbers that makes it difficult to do a complete sleep study when using a localization method. The machine is in good working order. Old EEG tubes were replaced in the winter months and June of this year.

DENTAL DEPARTMENT - Philip Chartier, D.M.D.

The Dental Department in this past year has achieved one of its goals of a sound prophylactic program carried on in the clinic. With the excellent cooperation of the entire hospital staff we have been able to establish a definite semi-annual exam and prophylactic treatment in the clinic. From this program we hope to be able to diverge and instill a better ward hygiene program with more dental education to the staff and to the patients which will produce a greater dental awareness.

Within the past year our endeavors into research projects have proven fruitful. We have carried on a project using the Automatic Toothbrush (materials furnished by the Squibb Company) to evaluate its hygienic use and durability. This report has been published in the Squibb-Clinical Research Notes and may appear in other publications at a later time.

A dental photograph file has been initiated dealing with hospital cases which in the future we hope will be available to anyone who might like to use it for the purpose of education, either professional or lay.

Our programs within the past year have emphasized prevention and restoration rather than previous emergency and daily treatments. The number of patients receiving fillings and dentures, both full and partial is continually increasing

and the cost has steadily decreased. All the repairs of broken dentures has been performed in our own clinic at no cost to the patient or the State.

The greatest dental problem with our patients is hygiene and the treatment of diseases of the gingiva. To improve in this area our own knowledge of new techniques is limited and it would be an advantage if members of the dental staff could take educational courses specializing in this field at a limited cost to themselves. This information could then be brought to the attention of staff members of other State Institutions.

In the near future we hope to inaugurate a working affiliation with the Department of Stomatology of Boston University and this clinic. The benefits to be derived from this affiliation will be extremely fine care for some of our patients afflicted with periodontal disease and our acquiring a working knowledge in this specialized field.

Number of patients seen.....	5,465
Number of operations performed.....	13,067
Total Restorations.....	949
Presthetic Appointments.....	325
Dentures Completed.....	84
Dentures Repaired.....	67
Dentures marked and cleaned.....	394
Peridontal Treatments.....	1,643
Extractions.....	1,897
Cases done in operating room.....	0

Post Operative operations.....	88
Sutures Placed.....	101
Sutures Removed.....	73
Radicular Cysts.....	30
Alvioplastis.....	13
Alviolectomy.....	13
Biopsy Specimen.....	1
Fractured Jaw.....	0
Anesthesia Used.....	1,610
Consults.....	2
Examinations.....	5,465
Number of x-rays.....	46
Miscellaneous Treatments.....	16

OCCUPATIONAL THERAPY DEPARTMENT

Personnel

Four occupational therapists, eight occupational therapist assistants and two recreational therapists began employment during the year.

Three occupational therapists, twelve occupational therapist assistants and one recreational therapist terminated employment. One recreational therapist was changed to a position of occupational therapist assistant.

The turnover in personnel this year is double that of last year. It is felt that higher competitive salaries in all categories of positions in this department would succeed in stabilizing personnel to some extent. 14 were employed and 16 terminated in a department of 25 people.

Program Achievements

1. Occupational Therapy Clinic and Ward Programs:

All O. T. Clinics and ward programs were kept in operation this past year, with the exception of brief lapses when there was a turnover of personnel with no immediate replacements. The G Building O. T. program closed with the closing of this building as a tuberculosis facility.

New programs include a ward program on B-4 ward; O. T. programs extended to J, K, E and F Buildings; Group Therapy for J Building patients; a bookbinding group in H O. T.; sewing group and typing group (for pay) in D O. T.; more real work projects for patients in I O. T. where the

construction of 112 bedside tables took place, as well as projects such as making medication trays, tooth-brush holders, etc.; addition of clerical and embosograph work in H O. T.; furniture repair and painting in I, B, and D O. T.; typing and mimeograph work in D O. T. and printing in West O. T.

Other new types of programs include patient newspaper groups, reading groups, current events groups, and library discussion groups. Rhythm bands are still used with regressed and elderly patients.

Occupational therapy was used more extensively on a consultant basis this year. In this way, the occupational therapists were able to extend activity programs by giving advice and equipment to ward personnel who would then carry on the programs. This was particularly successful in H, P, and Reception Buildings.

2. Industrial Placement Program:

Despite setbacks resulting from turnover of personnel, the industrial placement programs continued active throughout the year.

One of our largest problems is to find more placement situations for patients within the hospital and a greater variety in kinds of work as well as higher level occupations. We have made some strides in this

direction during the past year, with the addition of about nine new placement situations. Sub-contract work, or factory-in-hospital work would be extremely helpful. We have made efforts in investigating this during the past year and expect that this will pay off in concrete results during the coming year.

The occupational therapists in charge of industrial placement continue to be active on the Patient-Employee Committee, in selecting, screening, and following patients in the Patient-Employee Program.

The mimeograph unit in D O. T. was reactivated this past year with about 8 patients now helping with the work. This has been a long desired achievement.

Plans for Patients' Job Registry were worked on and money to begin this project was obtained through the Women's Auxiliary. This program would register any paying jobs for patients within the hospital, and would select appropriate patients for such jobs, as well as seeing that the jobs were done properly. Our sewing and typing group did get started, but the Job Registry itself did not because of lack of personnel, primarily, and lack of office space. This should get under way early in the next year.

3. Music Therapy Program:

Our one music therapist continued to treat individual patients and small groups during the year. The only major change in program was to discontinue "ward sings." The reason was that these could be conducted by untrained persons, and the same results are achieved by the Protestant Chaplains who conduct "hymn sings" on various wards in similar fashion. The result of this change was that the music therapist devoted more time to working with individuals.

Again this year a senior student from Boston School of Occupational Therapy chose to do her special study project in music. She came one afternoon per week for five weeks during November and December of 1960. She joined in and observed a string ensemble.

There were two students from the New England Conservatory who spent about 12 - 20 hours each of five weeks before the Christmas program. From January through June of 1961, 2 other Conservatory students began their affiliation, coming one day a week.

For the first time, there was a student from Bennington College who was on her two-month work term here as a volunteer student for two months. We hope this practice may be continued.

Special music programs of the year are included under the Special Activities section of this report.

4. Recreational Therapy Programs:

This year has brought a marked improvement in the extent and quality of recreational therapy. Two recreational therapists with training and experience began employment during the year and are responsible for this change. One therapist worked with East Side patients and one with West Side patients. They both concentrated on patients who were not able to function in occupational therapy or industry. This gave motivation to many severely regressed or very over-active patients who were able to move on to other therapies as a result of recreational therapy.

Baseball teams were well organized and active during the season. The hospital joined the Inter-hospital Softball League and played scheduled games at this hospital and at other hospitals within the Department of Mental Health.

More efforts were made to interest ward personnel in engaging in recreational activities. Equipment and motivation were provided by the recreational therapists toward this goal. Some strides were made, but more active interest on the part of all personnel is sorely needed. Improvement in physical condition and appearance of patients is a task which needs the cooperation of all personnel also.

5. Special Activities:

Special events during the year included group singing on wards and on lawns; game parties; exchange performances of Medfield Glee Club and Boston State Hospital Glee Club; dances in the chapel; outdoor recreation area, ward and O. T. areas; special monthly events for working patients, (cook-outs, dances, parties;) birthday and holiday parties; visits to Esplanade Concerts; Musicale in East Chapel; outdoor movies, intown movies; bus or field trips to Boston, (sightseeing,) Nantasket, New England Home show; walks to Franklin Park; fishing trips to Carson Beach; Rhythm Band Concerts; Red Cross Arts and Skills Group for patients; Christmas carol singing by Glee Club and student nurses conducted by music therapist and students; Christmas pageant conducted by music therapy; Christmas gift selection, wrapping and distribution to all patients by O. T. Department staff; coffee hour instituted on several wards; Art Exhibit and Glee Club performance in I Building; decorating and training of models for Annual Hat and Fashion Show; music therapy patients performed for Kiwanis Club luncheon and at Christmas on Boston Common; exhibit for Hospital Day set up by Occupational Therapy Department.

Needs

1. Social workers for chronic services to provide help for patients who can leave the hospital.
2. Meetings to plan for patients who are ready to leave the hospital (disposition staff) in all services.

3. More specifically directed inter-disciplinary meetings (instead of gripe sessions) to coordinate treatment plans for patients and to promote better working relationships between personnel.
4. Pay for patients working in hospital industries to provide incentive and to increase self respect.
5. Sub-contract work for patients in hospital. A full time employee (Vocational Counselor or Occupational Therapist) is needed to establish such contracts.
6. Selection and wrapping of Christmas gifts by other than Occupational Therapy Department, (clothing room personnel, perhaps.) The amount of time spent by professional personnel in this task is considerable and is outside the realm of treatment. This should be done by personnel not involved in professional services to patients.

The statistical reports for the Occupational Therapy Department follow.

OCCUPATIONAL THERAPY DEPARTMENT

ANNUAL STATISTICAL REPORT

Patient Hours of Treatment:

O. T. Clinics and Ward Programs	76,203.5
Industrial Placement	421,772.35
Recreational Therapy	21,914.5
Music Therapy	8,337
East Library	4,930
Special Activities	<u>18,380</u>
<u>Total</u>	551,537.35

Number of Patients Treated:

O. T. Programs	1,685
Industrial Placement	1,019
Music Therapy	242
Recreational Therapy	<u>1,100 (approx)</u>
<u>Total</u>	4,046

Total number of patient interviews (excluding patients treated) 2,081

Total patient attendance for 178 special activities 7,878

Total number of patient visits to East Library 2,468

Total number of patients carried over at end of

year: 1,508

O. T. Programs	386
Female Industrial	252
Male Industrial	296
Music Therapy	94
Recreational Therapy	480

VOLUNTEER DEPARTMENT

During the past year much time has been spent determining the particular need Volunteer Services can provide the patients, learning the organization and lines of communication in a State hospital, organizing the office, and meeting people inside and outside of the hospital.

A plan for the development of Volunteer Services has been written and discussed with various hospital departments. The recognition that the greatest need here is for people has brought a shift in emphasis. Rather than parties and things, this department has sought people to supplement our staff, and to furnish service to patients. Formal speeches have been made to various clubs and groups, contacts have been made at local colleges and churches, and hospital tours and meetings have been conducted with key people from the community.

As a result some 16 individual volunteers have served this year, in addition to 4 volunteers assigned before the present Director's employment. These people have been engaged chiefly in creating human relationships and in leading interest groups, teaching small groups of patients skills and hobbies. In the former activity, the Milton Jewish War Veterans' Auxiliary and the Allin Congregational Young Adults, have served particular wards. Some 30 students from Simmons College were recruited to

staff the community lounge in a similar capacity. However, the lack of transportation and week end time they offered hindered the success of this group. In the area of Interest Groups, the Powers School was recruited to conduct a course in good grooming. Two teachers came weekly to the hospital for this course.

Before individual volunteers are place, job assignment is studied, thorough orientation is given, and avenues of support by staff are checked. Transportation to the hospital, lack of constant supervision, and the nature of the hospital are obstacles to this type of service.

On the whole, Volunteer Services stands in a unique position between the hospital and the community. The personnel of this office must renew and create contacts in the community, hence is not always available to meet and supervise volunteers nor to handle immediate problems. Departments within the hospital have been cooperative, but the lack of personnel to support the volunteer, the hazy understanding of the function of Volunteer Servies, and the problems of communication delays expansion of the program.

The donations solicited and acknowledged through the Volunteer Services have included everything from used clothing to dollar bills. The lack of pick-up service is something of a hindrance; on the other hand, the hospital is offered much that is of no value. Companies,

organizations, and merchants have given candy, refreshments, prizes, and cigarettes. It should be noted that some business concerns are often approached by hospital associated groups and individuals have expressed dissatisfaction.

The completion and dedication of the community lounge by the Community Friends; the gift of \$500 by the Citizens' Participation Group for a patients' homemaker unit; an offset press from the Unitarian Brotherhood valued in excess of a thousand dollars; a \$500 gift for interior decoration; the gifts of \$300 to the Occupational Therapy Department, lockers, irons and ironing boards, and money for a kitchen project by the Women's Auxiliary; the redecoration of day halls, and accumulation of funds for a Half Way House by the Boston State Hospital League are indications of some of the activity of hospital centered groups. Funds have also been given by Zonta, Inc., a women's service club, for the redecoration of the Admission Rooms.

Arranged and supervised by the Volunteer Services, 10 different volunteer groups have sponsored 23 all-hospital entertainments, parties, and dances, apart from Christmas. 25 different groups visited and entertained selected patients, particular buildings or wards. Of this number 15 groups come regularly to the hospital monthly or bi-monthly. These activities are in addition to the Musicians' Union, Local #535 and Local #9, which have provided music about twice a week, the annual American Legion Auxiliary Field Day, the Boston State Hospital League Carnival and Family Picnic,

the Women's Auxiliary Hat Show, and the Community Friends picnic.

Passes and free admission to Pleasure Island, the Red Sox games, the Boston University Theatre, and Symphony Hall Organ Concerts, have been obtained for use by patients. Transportation to these and other activities have taxed the hospital bus service, but arrangements were made to hire M. T. A. buses from Canteen funds. As a result, there has been an increase in outings and picnics for which the Volunteer Services provided funds from the Rehabilitation Fund.

Tradition and solicitation by mail brought good response at Christmas time. Funds amounting to \$450.00 were received and gifts to patients were sent to every building. During this season, volunteer groups and community organizations conducted 34 Christmas parties. Snow storms forced reduplication of effort and postponement of activity.

CLINICAL MEDICINE DIVISION - John M. Mackenzie, M. D.
Director of Psychiatry.

Included in this division are the medical specialties, dental department, social service department, psychology department, and research.

Medical Department

The sections are as follows:

Visiting or Attending Staff

Medical Executive Committee - Policy

Medical Records Committee

Formulary Committee

Tissue Committee

Infections Committee

Joint Conference Committee to Board of Trustees

Resident Staff

Male Reception Service

Female Reception Service

Medical and Surgical Service

Geriatric Service

West Continued Treatment Service

East Continued Treatment Service

Briggs Clinic (O. P. D.)

Comparison of Treatments

Type of Treatment:

	<u>1961</u>	<u>1960</u>	<u>1959</u>
Psychotherapy			
Individual - hours	3906	4918	6398
patients	460	545	741
Group - hours	1676	1652	1981
patients	1235	1927	1959
Electric Shock			
Number of patients	Not Available	2	126
Number of Treatments	"	8	609
Anectine E. S. T.	572	807	932
Number of patients	153	232	250
Insulin	None	None	None
Hydrotherapy	None	None	111
Drugs - Total units prescribed	Not Available	1,139,842	71,805
Surgery:			
Total	580	521	507
Major	174	235	202
Minor	406	286	305
Lumbar Punctures	45	42	54

ANNUAL REPORT OF THE SURGICAL DEPARTMENT OF THE BOSTON STATE
HOSPITAL. 1960-1961. Alexander J. A. Campbell, M. D.,
Chief Surgeon.

The following is the statistical report of the operations performed by the Division of Surgery during the year:

	<u>Major - 174</u>	<u>Minor - 406</u>
General	119	303
E. N. T.	9	6
Orthopedic	20	42
Genitourinary	22	54
Neurosurgical	2	3
Eye	<u>2</u>	<u>8</u>
	<u>174</u>	<u>406</u>

Weekly surgical rounds have been conducted by the Surgeon-in-Chief and the Surgical Resident. It was voted at the Annual Meeting of the Executive Committee to continue the Surgical Residency program between the Beth Israel and Boston State Hospitals for the next year. This affiliation has proven to be very satisfactory and it is hoped that, in the near future, a similar arrangement can be worked out in the departments of Medicine and Roentgenology. The X-Ray Department has been struggling each year with an ever-increasing work load and has long since reached the point where its needs must be given serious consideration. The needs are: more space, additional equipment and full time personnel, especially secretarial help.

A survey of the Department of Pathology and Bacteriology at the hospital is in the process of being made by the State Department of Pathology and Bacteriology. This evaluation should produce suggestions that, if adopted, will enable us to meet the increasing demands in this vital area and prepare for the future.

Weekly Surgical Clinics have been held during the past year. We now have an Emergency Room where such procedures as transfusions, a cut-down, a tracheotomy and minor procedures may be performed without transfer to a ward. Also X-rays, laboratory studies and EKG's can be performed without the usual delay. This improvement facilitates study and expedites the care of the patient in need of urgent therapy.

A separate Operating Room report speaks for itself. At times our best efforts are handicapped by lack of standard operating room equipment but the greatest handicap is the shortage of nurses. The Fracture Room is now the responsibility of the Operating Room staff and this expedites the emergency treatment of minor and some major fractures with minimal transfer and delay. As we strive for improvement, we are proud to compare our infection and mortality rates with those reported from other municipal and general hospitals. During the year some books were added to the reference library in our Operating Suite and it is hoped that the budget will allow for the purchase of additional books each year.

The Surgical Division wishes to express appreciation to all members of the staff of the Boston State Hospital who have cooperated with and have contributed to the surgical program during the past year.

ANNUAL REPORT OF THE MEDICAL DEPARTMENT - Samuel Stearns, M. D.,
Chief Physician.

I am pleased to report briefly on the activity of the Medical Service during the past year and to make some comments about the needs of the service for the future.

Our present staff of medical consultants continues to render increasing service to the hospital. Weekly clinics evaluated the medical problems of 384 patients during the year, and an equal or greater number of patients were seen in the weekly ward visits. There were 49 visits involving 169 patients on the Geriatric Service, and a considerable number of special consultations were made by our hematologist and gastroenterologist. In addition, emergency consultation was always available to the medical and surgical services.

Many surgical patients were seen by the medical consultant pre or postoperatively for conditions influencing surgical risk or requiring special medical management before or after the operation. The availability of such consultation undoubtedly decreases morbidity and mortality rates. Further improvement in the care of both medical and surgical patients could be made if it were possible to attract a resident in internal medicine. Such a physician would be as great an asset to our hospital as our surgical resident has been through his full time availability and special training.

Despite every effort it has not yet been possible to persuade the Harvard service at the Beth Israel Hospital to rotate one of the medical residents through our hospital. Certain

shortcomings on our part are usually referred to when this matter is discussed; these may be enumerated in brief detail.

1. Inadequate staffing by nurses and other ward help so that it is not possible to maintain adequate clinical records which are necessary for proper functioning of physicians on the ward. Such records should include accurate observation and prompt recording, as frequently as needed, of such data as temperature, pulse, respirations, weight, blood pressure, intake and output of fluids, variations in the patient's behavior and symptoms, and so on. The work of Doctor St. John and his committee had indeed improved the general record, but without sufficient help on the wards, further improvement to the level expected in a good general hospital is hardly possible. Every unfilled position and unavailable service reduces the quality of medical care. A Harvard Professor of Medicine understandably demurs at sending one of his medical residents to such a service.
2. Inadequacy of laboratory facilities and too few laboratory technicians limit the variety and number of tests which can be made and delay the reporting of the results of tests. It is gratifying to know that an outside committee of pathologists is working, at our invitation, on an evaluation of our present laboratory services and will, with Doctor Raskin, who has worked long and hard for the hospital under many handicaps, make recommendations for necessary improvements.

3. Budget limitations on the number of visits by the medical consultant staff make it impossible either to give patients optimal care or to give a medical resident the opportunity for daily discussion which is mandatory at teaching hospitals and the custom at good general hospitals even when there is no medical school affiliation. It should be pointed out that this limitation presses more severely on the medical than on the surgical service. The surgical consultant must be present or available either to operate or to supervise surgery which means that he is at the hospital almost every day. The medical service, on the other hand, is limited to one clinic and one ward visit each week, even though the incidence of purely medical illnesses and eventual mortality is far greater than on the surgical service. It is unlikely that any teaching service would send us a medical resident unless there was assurance of a daily visit by a physician of faculty rank. Quite properly, it is felt that a myocardial infarction or bleeding ulcer require just as much skill, judgment, and supervision as a gastrectomy or cholecystectomy.

In anticipation of improvement along the lines discussed above, and because we shall probably need additional help in the future, I should like to request the addition to our medical consultant staff of two or three qualified men, even though,

at the present time, no additional money may be available. I would prefer to increase the size of the medical staff even though each of the present men might be on service for a shorter time.

I should like to add the comment that Doctors Stratton, Tyler and Harrison, who comprise our present full time staff in medicine, do an excellent job, particularly in view of the fact that the facilities at their disposal are less than at most general hospitals and in view of the fact that our patients are less cooperative and accessible than most non-psychiatric patients.

In making my comments, however critical they may seem, I should also like to make it clear that these criticisms stem from a conviction, based on the improvements which have occurred at our hospital in the past 15 years, that with the leadership of yourself, Doctor Barton, and with the whole hearted and enthusiastic support of our Board of Trustees, further progress is possible and will indeed occur.

MEDICAL-SURGICAL SERVICE - Douglas Stratton, M. D., Senior
Physician

The movement of patients in and out of the service was not too different from that of the previous year. There were 1,195 admissions. Of these 151 were new admissions to the hospital, 10 were returned from trial visit, 5 were returned from escape, and 1,029 were transferred to us from other services. 1,259 patients left the service. Of these 111 were discharged outright, 31 placed on trial visit, 9 escaped, 268 died, and 840 were returned to other services within the hospital.

Again, there was no major epidemic. Cardiovascular disease and terminal pneumonia were the most common causes of death.

Various departments within the Service, such as the Operating Room, the Clinic, X-ray, etc. have adequately reported their activities and needs in their own annual reports. During the year there were 161 major operations and 416 minor operations. The infection rate for clean surgical cases was 3.7%. A surgical library was established in the doctors' lounge in the operating room suite. The EKG Department reports that there were 894 electrocardiograms; 10 basal metabolic rates, and 52 electroencephalograms performed during the year for a total of 956 procedures as compared with 1,060 for the previous year.

The Clinic areas continue as very active parts of the Medical-Surgical Service. Here all patients with the exception of

those few too ill to leave the medical or surgical wards are seen by consultants in all the various specialties. In addition, all transfers in and out of the Medical-Surgical Service pass through this department. The receptionist in the Clinic has become a key person in the overall business of the hospital in that she handles all the transportation of patients from other services to the various clinics, to X-ray, to the dental department, the physiotherapy department, and admissions and discharges of the medical and surgical wards as well as the geriatric admission ward, D-9.

The Medical-Surgical Service lost an esteemed physician with the death of Dr. W. Paxton Parker early in 1961. Dr. Parker had formerly had charge of the Tuberculosis Unit and the follow-up of all those patients whose tuberculosis had been diagnosed as arrested or inactive. Although the Tuberculosis Unit had been closed and all patients with active disease transferred to Westborough State Hospital, there remains a large number of patients who are currently being followed by the consultant, Dr. Wassersug, as part of the T. B. follow-up. This figure seems larger than it was ever thought to be and there are currently some 600 patients in the check list file for follow-up of tuberculosis, in other words approximately 23% of the hospital population. In addition to supervising this follow-up, Dr. Parker did most of the physical examinations of employees in the dietary department as well as all new employees. He also helped to see employees on sick call, industrial accidents and emergencies. Dr. Parker's vacancy has not been filled.

Since the psychiatric residents for the first six months of the year had little time to devote to the initial examination of new patients, special arrangements had to be made with a resident to do most of these work-ups in his free time and while this was adequate as far as the records were concerned, it did not adequately provide psychiatric care for an average population of 389 patients.

The X-Ray Department continues to be understaffed and to have to work in rather poorly planned quarters. This department needs a full time clerk as well as two attendants, and a third technician. It also needs adequate storage space for films.

The Nursing Service also continues to operate with insufficient personnel, particularly on the afternoon and night shifts. At times there is one registered nurse on the afternoon and evening shift and she must also act in a supervisory capacity. This is the general rule on the night shift.

The Medical-Surgical Record Room, which also serves the Clinics, X-ray, pathology, the operating room, etc., continues to be understaffed; a permanent Junior Clerk and Typist is urgently needed. During the year the Record Room has established an index file on operations, and it is now possible to say with reasonable accuracy how many individual patients had operations and how many operations of a specific type were performed.

OPERATING ROOM REPORT

At the close of the fiscal year, the goals outlined for study, for improvement, and for advancement, were successfully accomplished. For example, the Operating Room has had a major problem concerning its own linen - the color and quality were correct, but the amount in use and in reserve was far too low; this fact has been corrected slowly. The laundry has many of its own problems but it, too, is under correction. If the amount of linen in reserve is equal to that in use and in the laundry, then a shortage would not exist. This year, the aid conditioner worked immediately when put into operation and the old problem of air contamination via vents, doors, etc., seems lowered. In October of 1960, the electrical outlets were changed to 2 prong outlets. This change was a needed one and much appreciated.

In March, 1961, the Operating Room received its new volumes for library use. The books were accepted with pleasure and have been put into immediate use. It is our hope that, budget allowing, we will be able to add to the library.

The volumes received were:

1. "Anatomy in Surgery," - Thorek, Phillip
2. "Pathology" - Anderson, W.A.D. 3rd Edition
3. Bickman-Callander - "Surgery of the Alimentary Tract" - Shackelford. 3 volumes.
4. "Vascular Surgery" - deTakats, Giza

5. "Operative Gynecology" - Telinda, Richard
6. "Textbook of Medicine" - Cecil, Russell 10th Edition
7. "Campbell's Operatine" - Speed, Knight 2 volumes -
Orthopedics
8. "Cancer and Allied Diseases" - Pack 4 volumes

In April, 1961, the D Operating Room took over the management of the Fracture Room. The Fracture Room is now set up for orthopedic emergency casts, cast changes, suture removals, or "K" wire insertions. A traction table is set up at all times for ward use. Orthopedic clinic is held the first Wednesday of each month. Since the fracture room has been reopened it services 10 - 12 cases monthly.

In May, 1961, the Operating Room was inspected by a representative of the Joint Commission on Accreditation of Hospitals. Restricted and non-restricted areas were inspected, fire rules questioned, also equipment, showed an interest in the emergency equipment, reviewed ledgers, discussed the Anesthegeology Department. At the time of the inspection, it was suggested that the Operating Room Ledger and the Complication Ledger be combined into one ledger.

In June, 1961, the suture material for surgical use was changed to sterile "dry pack."

Bacteriological studies are done every 3 months, Operating Room personnel have throat cultures taken monthly and all visitors viewing surgery are requested to have a throat

culture taken. The floors are kept aseptic by use of Wescodyne; this has proven effective as a disinfectant, detergent and maintains conductivity. Another item tried by the Operating Room teach, which seems to be a leading factor in lowering the incidence of wound infection is the Beta-Scrub for the surgical team and Betadine Solution as a final prepping solution at the surgical field. Literature about these products is available. If the leading hospitals continue to use Betadine, it is our hope that the price will be lowered and enable us to purchase. The following chart shows infection rate:

July 1, 1959 through June 30, 1960

Total number of cases	521
Total deaths within 10 days, post-operative	11 - 2.1%
Infections - clean surgical cases	29 - 5.5%
Infections brought to surgery	30 - 5%

July 1, 1960 through June 30, 1961

Total number of cases	577
Total deaths within 10 days, post-operative	16 - 2.8%
Infections - clean surgical cases	20 - 3.7%
Infections brought to surgery	65 - 12%

Operating Room Pathology Department is unchanged - the equipment is up to date but as we have said previously, a learned staff and a conscientious one is needed to assist the resident surgeon and visiting surgeon.

Pathology discussions are held with the supreme hope that doctors and nurses and pathologist will be able to work more closely together.

MEDICAL CLINICS

	<u>Doctor</u>	<u>No. Clinics</u>	<u>No. Patients</u>
<u>Surgical</u>	Dr. Campbell	49	454
	Dr. Shedd	4	35
Resident Surgeon	Dr. Koufman	25	327
	Dr. Koota	25	470
	Dr. Basamania	2	29
Surgical Ward Rounds	Dr. Campbell	49	
	Dr. Shedd	4	
	Dr. Mikal	1	
Seen on wards	Dr. Campbell	2	2
	Dr. Shedd	3	3
	Dr. Kasparian	5	8
	Dr. Flynn	2	3
<u>Medical</u>	Dr. Stearns	13	78
	Dr. Oppenheim	13	121
	Dr. Klayman	14	116
	Dr. Selling	12	69
Medical Ward Rounds	Dr. Stearns	13	
	Dr. Mathewson	12	
	Dr. Oppenheim	13	
	Dr. Selling	1	
	Dr. Dalton	12	
Emergency Consult- ation on Ward	Dr. Oppenheim	2	2
<u>Hematology</u>	Dr. Maney	23	72
Seen on Wards	Dr. Maney	34	56
<u>Geriatric (on wards)</u>	Dr. Dalton	11	11
	Dr. Mathewson	13	29
	Dr. Maney	25	129
<u>Podiatry</u>	Dr. Brass	52	577
	Dr. Alessi	32	360
Seen on wards	Dr. Alessi	10	176
<u>Dermatology</u>	Dr. McCarthy	22	230
<u>Orthopedic</u>	Dr. Bragdon	12	119
	Dr. Dignan	1	10
Clinic on wards	Dr. Bragdon	1	14

	<u>Doctor</u>	<u>No. Clinics</u>	<u>No. Patients</u>
Seen on wards	Dr. Bragdon	28	89
	Dr. Dignan	2	20
	Dr. Bradford	1	5
<u>Neurology</u>	Dr. Alexander	10	36
	Dr. Levine	9	28
	Dr. Egan	4	13
Seen on wards	Dr. Alexander	1	1
	Dr. Levine	1	1
<u>Neurosurgery</u>	Dr. Starr	9	21
Seen on ward	Dr. Starr	4	4
<u>Urology</u>	Dr. Fischmann	8	27
	Dr. Hershman	4	20
<u>E. N. T.</u>	Dr. Wilker	14	81
Seen on wards	Dr. Wilker	1	1
<u>Eye</u>	Dr. West	7	75
	Dr. Alpert	8	84
Seen on Wards	Dr. Alpert	16	35
<u>Glasses</u>	Mr. Hulett	20	140
<u>Thoracic</u>	Dr. Lynch	78	
<u>Plastic Surgery</u>	Dr. White	45	
<u>Multiple Sclerosis</u>	Dr. Klein	80	118
	Dr. Alexander & Dr. Klein	4	6
<u>Psychosomatic</u>	Dr. Nemetz	12	
<u>Employees' Physicals</u>	Dr. Parker	33	106
	Dr. Stratton	3	7
	Dr. Tyler	8	20
	Drs. Stratton & Tyler	12	71
	Drs. Parker & Tyler	4	21
<u>Employees' Sick Call</u>	Dr. Stratton	44	79
	Dr. Parker	139	446
	Dr. O'Connor	63	89
	Dr. Campbell	18	22
	Dr. Tyler	126	361
	Dr. McCarthy	13	23
	Dr. Bragdon	8	9
	Dr. Shedd	7	7

	<u>Doctor</u>	<u>No. Clinics</u>	<u>No. Patients</u>
<u>Employees' Sick Call</u>			
(Continued)			
	Dr. Koota	3	3
	Dr. West	2	2
	Dr. Hershman	1	1
	Dr. Wilker	2	3
	Dr. Mackenzie	1	1
	Dr. Maney	1	1
	Dr. Mullen	1	1
<u>Fractures</u>	Dr. Koufman	5	5

All other fractures taken care of in operating room

<u>Emergency Treatment</u>			
(patients)			
	Dr. Stratton	18	23
	Dr. Parker	29	35
	Dr. Koufman	44	46
	Dr. Koota	23	28
	Dr. O'Connor	32	42
	Dr. Tyler	36	46
	Dr. Basamania	10	13
	Dr. Campbell	3	4
	Dr. Bragdon	1	1
	Dr. Starr	1	1
	Dr. Alpert	2	2
	Dr. Mathewson	1	1
	Dr. Wassersug	1	1

MALE RECEPTION SERVICE - Frank Parodi, M. D., Senior Psychiatrist

During the fiscal year 60-61 the reception male service handled a total of 658 patients of whom only 70 remained on June 30, 1961.

ADMISSIONS

Admissions - 627

Rt. from Visit - $\frac{31}{658}$

DISCHARGES

Full Disch. - 398

T.V., Ex. V. - $\frac{98}{496}$

Trans. to Chr. $\frac{59}{555}$

Adm. - 658

Disch. - $\frac{555}{103}$ Pts.

June 30 ---- 70 pts. in ward

9 escape

12 W.E.V.

$\frac{11}{102}$ D Bldg.

During the year a total of 78 patients were involved in psychotherapy or 11.70%.

40 patients in individual therapy

38 patients in groups.

Of the patients in Individual Therapy 17 (42%) left the hospital and 23 (58%) remain. Of those in Group Therapy 11 (29%) have left and 27 (71%) remain hospitalized.

This is an area that deserves more study, insofar as the type of patient who usually is taken into therapy is sicker and it should be looked into a "theoretical" prognoses, had he been without therapy, both in regard to his return to the community and in his adjustment if still hospitalized.

The approach toward a future night hospital was made by allowing patients to go out to work and returning only after working hours.

Thirty-eight patients benefited from this plan, 22 patients being discharged already. Average length of hospitalization was 4 months and average length in the program was 1 + mo. Five returned as in-patients after a trial period. One is AWA and 9 are still carried on the plan.

- 22 - Discharged
- 5 - Ret. after Trial period
- 1 - AWA
- 9 - carried on
- 1 - Trans. to Chronic

38 patients

This plan opens an opportunity that eventually should lead to be used both as a day and night plan, using our facilities at its double capacity.

"The Collaborative Treatment Unit Study" in charge of Dr. Davidson and under the auspices of the NIMH, started. In 6 months only a total of 3 patients were considered. This points out the type of patients we are working with and does surely raise a question about acuteness and chronicity.

Aware of the increase in cases in which the hospital is asked to determine the fitness of mental condition of prisoners to stand trial (Sec. 100) a limited study was undertaken by the Senior of the Service in collaboration with the Department

of Legal Medicine, Department of Mental Health. A total of 11 patients have been carefully evaluated and proper recommendations have been sent back to the authorities.

Throughout the year all therapies were utilized in the process of rehabilitating the patient back into society. Only 2 patients received EST, an average of 22 patients were carried on drugs monthly and the push was toward O.T., I.T., milieu therapy and specifically to apply the knowledge gathered through Individual and Group Therapy to the benefit of the majority.

Goals for 1961 - 1962 include:

1. "Comfortable" census.
2. Increase in both Individual and Group Therapy.
3. Increase in placement on Individual Therapy and better utilization of O.T.
4. Foster the night and day plans.
5. Closer evaluation of known re-admitted patients.
6. Motivation toward Patient Employee Program.

WEST CONTINUED TREATMENT SERVICE - Jonas Kolker, M. D.,

Senior Psychiatrist.

Dr. Kolker returned from military leave of absence in September, 1960. During the preceding months, the two Junior Psychiatrists cover all of the administrative and clinical responsibilities of the service.

The major area of effort continued to be patient activities; ward programs were successfully maintained and expanded on the four wards that had direct nursing supervision. Most of the activities on the service were concentrated on these wards, which also included student nurses and were the focus of ancillary services. An attempt was made later in the year, however, to have such facilities as the Occupational Therapy Department concentrate most of their activities on those patients who were not on the well staffed wards; particularly the Cottages were given this attention. During most of the year, the medical staffing was such as to include one doctor responsible for the Cottage areas.

The routine of social activities with parties, dances, cook-outs, etc., were continued. The Soft Ball League was active during the summer months and included competition with other parts of the hospital and other hospitals within the State system. Arrangements were made to continue and expand the Bowling League at the newly opened bowling center in the vicinity of the hospital. The Music Therapy Department

was active in arranging outside programs at other hospitals for the Glee Club and at the local Kiwanis Club with the Bell Ringing Group. Traditional activities, such as the yearly Art Show and patient garden projects, were maintained with success. The Junior League met bi-weekly with a group of patients from the I Building and held conferences with the medical staff at regular intervals.

Rehabilitation efforts were mainly focused on the patients discharged from the West Male Service. Policy was instituted in which all such discharges were followed by the West Continued Treatment Service physicians, who were responsible for the patients during their hospitalization, and a number of such patients on trial visit were seen regularly when they returned to the weekly ward meetings. Most of the patients in the Patient-Employee Program have come from the West Male Service and this has been a valuable addition to the possibilities for patient rehabilitation. The number of patients on an informal Night-Hospital Program, i.e., those patients who are working in the community during the day, but return to the hospital at night, has slowly but steadily increased, and the awareness of this possibility has stimulated other patients to try it. The Service also has made beginning steps in offering informal Day Hospital Plan, in which patients come to the West Male Service during the day but return to their families in the evening.

A pressing problem remains in the involvement of the mass

of more regressed patients in constructive activity. A continuing program of referral of patients to Industrial Therapy has been pursued with occasional concerted drives to increase this enrollment. A small group of patients in H and I Buildings regularly maintained a coffee stand within the buildings, with the proceeds going to the ward funds.

The weekly patient newspaper has been revised to the point where it is entirely written and produced by the patients with supervision only from the Occupational Therapy Department.

Although the more potent tranquilizing agents are used, but with increasing discrimination, this is mostly for sedative purposes.

About 100 patients were involved in group therapy activities which were conducted by the resident medical staff, the Psychology and Social Service Departments, and the Occupational Therapy Department. Part time graduate nursing students, graduate theology students, maintained therapeutic contact with other patients of a less intensive nature and supervision was offered to these people by the resident medical staff. Scheduled meetings of personnel, which had as their purpose both didactic and administrative material, included weekly clinical conferences with the afternoon shift of attendants, bi-weekly conferences with the Occupational

Therapy Department, weekly meetings of the Senior and nursing personnel. Each new resident received on the Service was seen in joint interview by all of the medical personnel. These meetings were in addition to those regularly held by the resident physicians with the patients and staff under their supervision.

The number of complaints subsequent to the Open Door policy has decreased markedly since last year. Although there have been concerted efforts to organize and schedule the time which patients spend off the ward, it is doubtful whether this factor alone can account for the diminished community objection to our patients.

During the past year a current file system has been made with brief notes regarding the progress of each patient. These are useful to all the doctors in keeping closer note of any change in patient's status. This is particularly useful on the chronic service where many patients are not well known to the doctor.

The major impediment to following through on some of these plans is lack of sufficient, well-trained, professional personnel. As specialized knowledge of problems of the geriatric population increases, the skill and training of personnel must increase to utilize this knowledge. More doctors, registered nurses, social workers, and occupational therapists would all be needed to implement the necessary programs.

A properly functioning elevator is an essential requirement for proper building functioning. Our present elevator has been condemned for several years.

GERIATRIC SERVICE - Frederick M. Ehrlich, M. D., Senior Psychiatrist

The Geriatric Service has continued to emphasize the need for planning discharge and return to the community from the moment a patient is admitted. Our work with friends and family of the patient in this area has been facilitated by increased time and interest of the Social Service Department in the admission room and the Geriatric Intake plan. We have attempted to involve family and patient in a tentative treatment and return to the community plan in which Social Service, ward nursing personnel and the patient's doctor all participate. Many patients, of course, require prolonged hospitalization. However, we have increasingly emphasized the use of our hospital as a short-term treatment facility for those who are acutely disturbed.

We have received considerable encouragement and deepened understanding from the work of the Geriatric Hospitalization Project which has studied in detail not only certain of our patients admitted but the overall problems of geriatric hospitalization. We are attempting to integrate their findings into improvements in management of newly admitted patients.

Members of our staff are currently visiting some of the community facilities for care of the aged with a hope of closer cooperation with them. We hope that eventually many of our chronically hospitalized patients who are no longer in need of the full facilities of a mental hospital can achieve some form of community placement.

ESCAPES AND ABSENCES WITHOUT AUTHORITY

	<u>Total Escapes and AWA</u>	<u>Escapes</u>	<u>Return from Escape</u>	<u>AWA</u>	<u>Return from AWA</u>
July	156	24	25	132	136
Aug.	130	23	21	107	112
Sept.	106	20	17	86	83
Oct.	133	23	24	110	100
Nov.	123	15	13	108	106
Dec.	101	17	10	84	68
Jan.	80	5	12	75	83
Feb.	71	9	7	62	64
March	99	17	12	82	82
April	92	15	15	77	75
May	139	22	24	117	97
June	<u>142</u>	<u>28</u>	<u>25</u>	<u>114</u>	<u>96</u>
Total 1961	1372	218	205	1154	1102
Total 1960	1324	160	131	1164	1122
Total 1959	840	175	154	675	700
Total 1958	750	183	172	567	623

PSYCHOLOGY DEPARTMENT - John Arsenian, Ph.D., Director

TESTING:

Wechsler Bellevue.....	34
WAIS.....	138
Rorschach.....	152
Sentence Completion.....	160
Bender Gestalt.....	125
Draw-a-person.....	77
TAT (Thematic Apperception Test).....	61
Cole Animal.....	44
Wechsler Memory.....	42
Aphasia.....	4
Imagination Test.....	89
<u>TOTAL NUMBER OF TESTS ADMINISTERED:</u>	927
<u>TOTAL NUMBER OF PATIENTS TESTED:</u>	188

OTHER ACTIVITIES:

Group Therapy	268 hours
Individual Therapy	770 hours
Supervision	132 hours
Teaching	156 hours
Administration	18 hours
Research	375 hours

PSYCHOLOGY DEPARTMENT

PERSONNEL CHANGES:

Mr. William Meyers who served as psychologist from October, 1959, to October, 1960, left to return to Harvard to finish up his doctoral work.

Miss Sylvia Cary who has a masters degree joined us on October 10, 1960, and has proved a most satisfactory replacement.

Dr. Fred Low resigned from the Briggs Clinic on October 1, 1960, to take a better paying position at the Mass. Home for Little Wanderers. He was replaced by Leon Nicks of our department for whom the move meant a promotion to principal psychologist.

Mr. William Edwards M.A. of Duke University who was in training at the Bedford V.A. Hospital joined our staff on January 11, 1961, replacing Mr. Nicks. This replacement, too, has proven most satisfactory.

PROFESSIONAL APPOINTMENTS:

Dr. Arsenian was pleased to be named a consultant in Clinical Psychology to the Veterans Administration in the Psychology Training Unit in the area of Group Therapy.

Continuing as Assistant Professor of Clinical Psychology at Boston University and Research Associate at the Department of Social Relations, Harvard the School of Education also appointed Dr. Arsenian this title and Tufts University made Dr. Arsenian a lecturer in psychology.

ADDRESSES AND PUBLICATIONS:

Dr. Arsenian served as one of a dozen discussion leaders for the Mass. Association for Mental Health at its 4th Annual Mental Health Conference, October 25, 1960, at the Bradford Hotel.

In December, Dr. Arsenian addressed the professional staff at the Metropolitan State Hospital on new perspectives in psychological assessment.

In March at the Bedford V.A. Hospital and on April 7th at the Mass. Mental Health Center on behalf of the North Eastern Society for Group Therapy, Dr. Arsenian presented a paper "Beyond Billets: an analysis of integral functions in small groups". The associated authors were Dr. Elvin V. Semrad and Dr. David Shapiro.

Note: Append to Annual Report 1960-61

This review of the psychology department at the Boston State Hospital was requested for the Newsletter of the Mass. Psychological Association and was published in March, 1961.

To write about Psychology at the Boston State Hospital gives me mixed pleasure: warm feelings for a succession of associates and students, both in psychology and other disciplines; warm feelings for many patients who have provided my post-doctoral education and diffuse indignation for the losses and lacks in them and their lives and for our failures to help in the tasks of exploring and

eliminating the conditions of their deviation.

Opportunities abound for research with our large resident population, and a progressive administration is receptive to considered proposals and projects which can supply their rationale, workers and clerical help.

Service demands on our small department of four agreeably occupy us with psychological case studies for teaching, staff conferences, therapy prospects and other special cases. We also engage patients in group and individual psychotherapy, instructive for us as well as helpful for patients. With time spent at case and staff conferences, seminars and supervision, too little time remains for research.

From a close tie with Boston University, we have had a succession of able young psychologists. Several managed to produce doctoral dissertations while holding staff positions: Ralph Demon, Norman Goldstein, Wilson Hunt, Alfred Lowe, and most recently, Leon Nicks.

Somehow our former women psychologists, Amy Blackwell, Sue Gerschenkron Wiener and Lee Campbell Reich, and our small contingent of Harvard men have found the combined responsibility of work and producing doctoral research more difficult. Maybe it is because they are more suggestible and pursue some of the unwieldy labors I am attracted to.

My most recent effort is a summary of situational factors contributing to mental illness in the United States. There is little novel to it, but it is an awesome synthesis which took me five years to write - partly because of the chore of overcoming resistance to noting things that seem unpatriotic.

The next task is to extract the common denominators predisposing to nervous breakdowns in the biosocial life cycle of modal man for each significant age bracket, starting with age 16 - the minimum age for admission here.

The present group of psychologists here includes steady Eileen Layton and Sylvia Cary who started with us in October replacing William Meyers who was lured back to Harvard by easy money to do hard research. In December, Leon Nicks earned his doctorate from Boston University and moved into our outpatient clinic, there replacing Fred Lowe who had earlier earned his degree and moved on to represent psychology at the "New England Home for Little Wanderers" when Dr. Hincks left. William Edwards, lately at the Bedford V.A. Hospital and a candidate for the doctorate at Purdue University, has recently joined our small staff. So there are big wanderers as well as little.

It would be slighting Boston State not to mention continued work in the area of group therapy. In addition to groups

of patients in which our staff serve as leaders and recorders, apprentice experience in group therapy is provided for advanced Boston University graduate students in clinical psychology. Dr. Davide Limentani conducts this group. In collaboration with Dr. Elvin Semrad and Dr. Shapiro at the Mass. Mental Health Center, I am trying to push beyond billets to the integral functions of small groups.

While we complain about lack of personnel to engage in research, there are at least three government sponsored projects centered here, each boasting able young research personnel: Marjorie Kettell on a geriatric project; Stanley Titlebaum on a project to foster democratic leadership attitudes and skills in ward attendants; and Leonard Weiner, Robert Albert and Bernard Bergen on a project attempting to stabilize upset persons in the community, forestalling admission to the hospital. Also there are significant studies in preparation on paths to and from the hospital and on problems of community living for ex-patients. These projects rightly lean heavily on our profession.

Still, there is room for many more studies, clinical and social. It remains to be seen how many of these opportunities for research (which could be done by second and third year graduate students) will evaporate with progress toward chemical calm and homogenized happiness.

Perhaps the undone studies of the psychology of fuming, fretting, and raving will be displaced by opportunities to study the psychology of languishing and a new state: anguish without affect.

RESEARCH DIVISION - John M. Mackenzie, M. D., Director of
Research

Organization

The hospital has a research committee and Boston University also has one. Lacking a full time director, coordination is almost none existant between the independent units. Some communication occurs in the seminar sessions at which progress is reported. Each project has its own budget and own staff. The major projects follow.

Project Research

NEUROBIOLOGIC UNIT - Leo Alexander, M. D., Director

During the year July 1, 1960 to June 30, 1961, the work of pursuing the two main research approaches of the Neurobiologic Unit and its director has continued. There were pleasant landmarks during the year with the appearance of a number of comprehensive publications embodying and presenting the work that has been patiently accumulated over the past thirteen years in the case of multiple sclerosis (see ref. 3), and the past four years in the case of the study of conditional responses as a means of objective evaluation of psychiatric illness and treatment (publications 5, 6, 7).

Multiple Sclerosis Clinic

The Multiple Sclerosis Clinic has continued to function. As usual, the specific clinic activities carried out in collaboration with our research associate, Dr. Arthur Klein, will be reported in December, 1961, at the time of expiration of the annual grant.

The following research studies were carried out:

1. Continued evaluation of ACTH treated patients.

Seventy new patients treated since the closing date for inclusion in the case material reported in our book (ref. 3) have been reviewed and are ready for publication.

2. Evaluation of twenty patients treated with oxytocin since 1959 has been completed.

Both these groups of clinical results are being statistically analyzed by Professor Austin W. Berkeley who continues to be a most valuable collaborator.

3. A new and exciting collaborative study with Dr. Leo J. Cass from the Department of Health, Harvard University, carried out at the Brooks Hospital, is being analyzed and the material being readied for the first of a number of publications. This study is based on twenty-eight ACTH treated patients, five untreated patients and five normal controls. In the controls and seven of the treated cases (in the latter, throughout the period of in-hospital treatment) assays of 17-ketosteroids and 17-hydroxycorticoids have been carried out twice daily. In five other treated patients these assays were carried out at intervals varying from once daily to three times weekly throughout the period of treatment. In the remaining sixteen treated patients, these tests were carried out at more

widespread intervals. These studies have given most valuable information, not only about the nature and timing of the therapeutic effects of ACTH therapy but also about the causation and treatment of side effects, including steroid-induced diabetes and steroid-induced psychoses. We shall be presenting our first paper on this subject at the International Neurological Congress in Rome on September 15, 1961.

Conditional Reflex Study in Mental Disease

This study has been continued systematically. However, due to the fact that we did not have funds for a laboratory technician at the Boston State Hospital, the clinical material this year has been completely derived from the undersigned's private practice, the conditioning tests being carried out at his office. Publications embodied the work of the preceding four years. One of them (7) is honored by a most gratifying preface written by Dr. W. Horsley Gantt who is the acknowledged dean of conditional reflex investigators in this country, and one of only three surviving pupils of Pavlov in the world. His endorsement of the soundness of our approach is indeed very encouraging.

Also appearing in print this year was a comprehensive review of all our studies which was presented at the International Neuropsychopharmacological Congress in Basle, Switzerland, in July, 1960. (Ref. 5).

The most exciting finding, however, to date is the significant difference in psychogalvanic reflex responses - spontaneous and conditional - distinguishing psychogenic pain states from states of physical pain. This finding was presented in the form of a paper read by the undersigned in Montreal, Canada, on June 10, 1961, before the International Psychiatric Congress. A paper on this subject has also been submitted to the Journal of the A.M.A. These studies will be pursued further in a general hospital which has voiced an interest in this approach.

GERIATRIC UNIT - David Blau, M. D., Director

This is a report on Project OM-69 entitled "The Determination of the Need for Hospitalization of Geriatric Patients." This project has been supported by the National Institute of Mental Health from June 1, 1958 to the present time. During the period from July 1, 1960 to June 30, 1961, ten patients were intensively studied to determine the reasons for hospitalization in each case. The previous sample of 30 patients had been studied in the past year. The research project investigated the hypothesis that patients might be admitted to a state hospital for reasons other than severe emotional disturbance. In the total of 40 cases, there was little evidence that the patients over 60 who have been admitted are not severely disturbed. Many have physical disabilities, but the major reason for psychiatric hospitalization does not depend on their physical condition. In general, families are quite interested

in these people and have made attempts to deal with their disturbed behavior prior to hospitalization. The group admitted to Boston State Hospital is primarily from the lower class and, to a degree, from the lower middle class. Most of the patients are receiving some kind of pension and are not admitted for reasons of economic deprivation. Many have had a history of prior emotional disturbance, and 45% have had actual previous hospitalizations.

Since January, 1961, a group of 13 patients who have been hospitalized for over a year and who are over the age of 60 have been the subject of a vigorous effort to place them in the community. By utilizing information about the patient's symptoms and his ability to get along in certain environments, 11 of the 13 patients studied were placed outside the mental hospital. At the present time, 8 of the 13 patients are still residing in the community some 3 - 6 months after placement, and the adjustment is satisfactory. Three of the patients have been returned to the hospital and two have died in the hospital before placement. This effort points up the possibility of placing a considerable number of aged, chronic patients if there is sufficient personnel to see the patients in the hospital and in the community. They require frequent interviews and persons in the community such as nursing home operators and relatives, also require support and direction.

Data collected on a series of 300 consecutively admitted patients has been analyzed during the past year and indicates the release rate of 45% within 6 months of admission. It is felt that this rate is quite high and reflects the progressive attitude of the hospital staff.

In the coming fiscal year, further analysis of the reasons for hospitalization will be conducted by the multi-disciplinary research team. Information about more than 100 released patients will be carefully investigated to determine the degree of improvement and the optimum environment for patients over 60 released from the hospital.

The significance of this project lies in the findings of considerable emotional pathology discovered in the average "elderly" patient. The implication is that these people can only be handled by professional staff familiar with the problems of the aged individual. Hospitalization in most cases was justified, but in certain cases might have been avoided by adequate diagnostic and treatment facilities in the community. There is also a considerable likelihood that patients may be returned to the community in large numbers after a psychiatric hospitalization and maintained there with the use of appropriate professional staff.

HOME TREATMENT RESEARCH UNIT - Tobias T. Friedman, Director

The Psychiatric Home Treatment Service is a clinical demonstration project which attempts to put into action a public health and community approach in the care of serious

mental illness. Emphasis has been on case finding techniques, alternatives to hospitalization, psychiatric treatment in the home and cooperation with community treatment agencies.

The project has four areas of concentration:

1. Direct community referral to the Home Service from a specified urban catchment area with attempts at home treatment of cases referred.

The first three years of the study, 1957 through 1960, (currently being written up) represented a period of wide experimentation in regards to home treatment techniques. This period of study helped answer such questions as the type and length of therapeutic intervention that is appropriate for particular kinds of mental problems, as well as sharpening the roles that can be played by doctor, social worker and nurse.

There was also an opportunity to test case findings methods through voluntary community cooperation. The major findings that emerged were

- (a) That case finding methods for serious illness should not impose any burdens on case finders in terms of deciding how sick a person is. Such decisions should be made quickly by the Home Treatment team.

(b) That the Home Treatment Service cannot coordinate various social agencies in the community but instead can cooperate with them. A Home Service can assume responsibility for long term medical supervision, can make prompt diagnostic and social evaluations, and can offer short term psychotherapies. If social agencies are relieved of the above functions (that is, case finding, long term responsibilities, diagnostic evaluations and short term therapies) then such agencies can function more efficiently at the jobs that they do best and need not assume a position of defensive isolation or autonomy as they now do.

(c) Although working in the home offers opportunities for environmental manipulations, our cases have demonstrated the need to focus on the individual's psychiatric illness rather than thinking that relief of social pressures will cause much change in the illness itself.

A Loop Hole Study from the same catchment area revealed that many cases came directly to the hospital without being referred to the Home Service. Such knowledge led to the second phase of the study.

2. Recruitment of experimental and control groups of patients from a state hospital admitting room with attempts at home care and provision of long term responsibility in the community.

A detailed investigation was undertaken of home treatment techniques and of psychiatric value-systems regarding two groups of patients. The first group of fifty patients, randomized as to experimental and control status, were recruited from the admitting room of a state hospital and represented people from a particular area of the City. Attempts were made to treat these people as intensively as needed at home and through community resources; long term psychiatric supervision was provided, and the treatment roles of doctor, nurse and social worker were examined.

3. Evaluation and home treatment of breakage cases from a psychiatric outpatient clinic.

A second group of patients, numbering twenty-seven, represented those who were rejected by an outpatient psychiatric clinic or who broke off treatment themselves. In this group a detailed study is under way of motivation of patients, outpatient criteria for acceptance, treatment goals and treatment contracts, and the psychiatric value system in regards to people who cannot obtain treatment on an outpatient basis. Home treatment

and use of community resources were extended to those requiring such treatment.

The above three phases have been completed. The last phase will be:

4. A screening, evaluation, and psychiatric management of all serious mental illness in a given area of the City, whether hospitalizable or not.

This last phase of the study to be undertaken on November 1st, 1961 will emphasize the efficient screening and management of a larger group of patients in the community - about 250 cases in the 10 month period. This study will be undertaken to discover definitive methods for establishing a PUBLIC HEALTH PSYCHIATRY system to deal with psychosis in urban centers. Such a Public Health system will deal with case finding, prompt evaluation, long term medical responsibility and short term therapies. Eventually such a Public Health agency will expand its functions to deal with primary prevention - and will collect data, act as a liaison center, and develop programs to prevent mental illness having to do with nutritional deficiencies, perinatal conditions, nervous system infections, genetically determined defects, and the like. The goal is therefore to define the first stage of urban public health psychiatric programs in regards to clinical and administrative functions.

In order for there to be efficient and comprehensive screening from the catchment area it will be made mandatory that the Home Treatment team evaluate all cases slated for admission to the mental hospital. Evaluations will be made through home visits. The Home Service, in addition, will promptly evaluate cases of lesser severity in order not to burden case finding agents with the responsibility for decisions they don't have the knowledge to make.

The Home Service will assume long term medical responsibility for all cases while they remain in the community. Such responsibility will include consultation with other agencies that are active in a case; re-evaluating new crises, suggesting new dispositions as needed, consulting with local doctors, and visiting cases briefly as frequently as needed, such as once a week or once a month. Hopefully, other treatment agents will be able to pursue their own functions more efficiently through the cooperative effort with Home Service.

No long term psychotherapy, that is hourly visits once a week or more often, will be offered. However, short term therapies with limited goals will be available.

It is hoped that this plan will also afford epidemiological data on mental illness in the area studied.

DRUG RESEARCH UNIT - Edwin Davidson, M. D., Director
Melvin Kayce, M. D., Co-Director

The Collaborative Study of Phenothiazine Treatment Schizophrenic Psychoses, under the sponsorship of Boston University and the National Institute of Mental Health, is an attempt to study three phenothiazines in their immediate and more long range effect on the symptoms and course of florid schizophrenia. Forty patients are being treated in Reception Building for a total of six weeks. Measurements of response are being made during the period of treatment and at six months and one year.

The study is being carried on in cooperation with eight other widely diversified hospitals, with the hope of learning whether treatments differ in different settings and with varied orientations in the individual hospital. The study has been actively in progress since April, 1961. Up to July 1, seven patients had been selected for treatment.

No conclusions or publications have as yet resulted.

RESEARCH IN BIOCHEMISTRY OF THE BLOOD - Vincent Lambert, M. D.
Senior Psychiatrist

During the past six months the time has been utilized in the following manner:

A. Exploration of the possibilities of research.

1. Becoming familiar with and attempting to formulate the structure of a day hospital in the event that this hospital receives the monies necessary for its creation.
2. The running of a survey of one hundred patients on the Continued Female Treatment Service. The purpose of this being to further our understanding of the long term hospitalized patient as to their resources in the community and as to how they visualize this. The hope being that we may uncover reality problems that we can do something to alter thereby allowing the patients to function outside the hospital as well as they do in the hospital. Also in association with this is the furthering of our understanding of the family resources of the chronically hospitalized patient.
3. An investigation presently underway to explore into the possibilities of structuring an aftercare program so that we may find out whether or not modifications of the present system would lead to a reduction of readmission rate.

B. The composing of a pamphlet that will briefly explain the various facilities and potential treatment services that the various services of this hospital offer. This will provide a reference source to the professional staff of the hospital.

CLINICAL RESEARCH - Bernard E. Maney, M. D.

Dr. Bernard E. Maney of the Visiting Staff will start an investigation on the effect of cobaltous chloride on iron uptake and red cell production in iron deficiency anemia. His laboratory, newly equipped, is on the second floor of the Myerson Laboratory Building.

Using the double-blind technique, the study will compare the responses of patients with iron deficiency anemia to treatment with ferrous-sulfate- cobaltous chloride (Roncovite) and with ferrous-sulfate alone. The identification of the therapeutic materials and patients will be deferred until the entire study is completed, and for record purposes will be identified only by numbers.

A series of laboratory tests of blood will be preformed at frequent intervals throughout the study.

TRAINING AIDE PROJECT - Rufus Vaughn, M. D., Director

This project supported by the National Institute of Mental Health was designed to test the value of group training methods for attendants. Selected attendants are matched with controls and their performance and attitudes pre tested. The aides chosen for the experimental group are exposed to a concentrated and intensive group oriented training over a period of four months. Aides work directly with patients under group leaders with demonstrated proficiency in group methods. At the end of the period the trainees are assigned together to a new ward and their performance re-evaluated after a period of elapsed time.

BASIC RESEARCH UNIT - Samuel Bogoch, M. D.

For several years biochemical research under the leadership of Dr. Bogoch has been carried out at the Massachusetts Mental Health Center. Recently, this unit relocated in its own headquarters with a portion of the study team concerned with the clinical aspects of its research at the Boston State Hospital. During the coming year the effects of nutrition and exercise will be studied upon the biochemical constituents of blood and spinal fluid of psychotic patients.

REHABILITATION TRAINING UNIT - Frank Safford, M. D., Director

Dr. Safford, with long experience in international rehabilitation activities, discovered that there is no center in the United States where physicians and other workers in the field of rehabilitation in psychiatry may receive comprehensive training. Similar training is possible in several centers concerned with rehabilitation. In order to create a proper setting in which training could develop, Dr. Safford envisioned the development of a total program out of the several fragments of rehabilitation activities presently available. Under a pilot grant from the National Institute of Mental Health, Dr. Safford visited training centers abroad and some in this country. He next prepared a proposal design for the development of training in the local area in a series of units that would be simultaneously studied as they were developed in support of a service program in rehabilitation.

Miscellaneous Studies

Cross Cultural - Ann Parsons

In a cooperative study with the McLean Hospital, Miss Ann Parsons visited Italy to study the families of hospitalized schizophrenic patients. Upon her return to the United States she studied schizophrenics from Italian families in the local Boston area.

The Psychological Department continues its clinical studies.

The Laboratory Section continues its studies of neuropathological findings at autopsy. Some of the major contributions in the literature of historical value now limited in access are being translated and summarized.

The Alcohol Studies in cooperation with the Massachusetts General Hospital have been concluded.

The Tuberculosis Prevention Study in cooperation with the United States Public Health Service has been concluded although some follow up of patients in the study continues.

It was not possible to secure support for a proposed study of self contained episodes of disturbance in the community. Support has not yet been obtained to study fathers of mental patients.

Administrative surveys review of a voluminous literature have been completed as part of a major project entitled "Administration in Psychiatry". A manuscript has been submitted for publication.

PUBLICATIONS

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2. Alexander, Leo, M. D. New Diagnostic and Therapeutic Aspects of Depression. In: Rogers, D.M. (Ed.): Depression and Anti-depressant Drugs, Waltham, Mass. (Metropolitan State Hospital, Division of Mass. Dept. of Mental Health), 1960, pp. 23-33.
3. Alexander, Leo, M. D. Multiple Sclerosis. Prognosis and Treatment, Springfield, Illinois, Charles C. Thomas, 1961, I-XVI, 1-188.
4. Alexander, Leo, M. D. "Swimming for Schizophrenia", In: Questions and Answers, J.A.M.A. 176: 560, May 13, 1961.
5. Alexander, Leo, M. D. "Effects of Psychotropic Drugs on Conditional Responses in Man". In: Rothlin, E. (Ed.), Neuro-Psychopharmacology, II: 93-123, Amsterdam (Elsevier), 1961.
6. Alexander, Leo, M. D. Objective Evaluation of Antidepressant Therapy by Conditional Reflex Technique. Dis. Nerv. Syst., 22: (Section II), 14-23, (May), 1961.
7. Alexander, Leo, M. D. The Effect of Drugs on the Conditional Psychogalvanic Reflex in Man. J. Neuro-psychiatry 2:246 - 261 (June), 1961. (With Suzanne R. Horner.
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13. Limentani, Davide, M. D.
Geller, Miriam, B.A.
Day, Max, M. D.
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Group Psychotherapy, Volume 10,
pp. 333-345, July 1960.
14. Mackenzie, John, M., M.D.
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Depression, Psychosomatics, Vol. 1,
No. 4, July-August 1960.
15. Simmons, Ozzie, G., M. D.
Freeman, Howard, E., M. D.
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of Mental Patients - A research Note,
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16. Simmons, Ozzie, G., M. D.
The Mutual Images and Expectations
of Anglo-Americans and Mexican-
Americans, Daedalus, the Journal
of the American Academy of Arts and
Sciences, pp. 286-299, Spring 1961

LIST OF PAPERS AND LECTURES PRESENTED

Alexander, Leo, M. D.

"The Effects of Psychotropic Drugs on the Conditional Responses in Man", before the Second Meeting of the Collegium Internationale Neuropsychopharmacologicum, Basle, Switzerland, July 5, 1960.

"Experiences with the New Tranquilizing Drugs:", before the Massachusetts Chapter of the American Academy of General Practice, Statler Hilton Hotel, Boston, Mass., Sept. 24, 1960

"Evaluation, Diagnosis and Treatment. Effects by Conditioned Reflex Technique," before the Staff of the Massachusetts Mental Health Center, Boston, Mass., Oct. 18, 1960.

"Personality in Fulfillment", before the Community Church of Boston, Boston, Mass., Nov. 7, 1960.

"Physical Treatment in Psychiatry. Clinical and Diagnostic Indications," before the V.A. Hospital Staff, Brockton, Mass., Nov. 16, 1960.

"The Conditional Psychogalvanic Reflex. Its Contribution to Psychiatric Diagnosis," before the Boston Society for Psychiatry and Neurology, Boston Medical Library, Boston, Mass., Nov. 17, 1960.

"Objective Approaches to the Treatment of Multiple Sclerosis" before the Brooks Hospital Staff, Brookline, Mass., Nov. 23, 1960.

"Psychopharmacology" before the 14th Connecticut Postgraduate Seminar on Psychiatry and Neurology, Yale University, New Haven, Conn., Dec. 7, 1960.

"Treatment of Multiple Sclerosis", before the Beverly Hospital Staff, Beverly, Mass., Dec. 15, 1960.

"The Conditional Psychogalvanic Reflex. Its Application to Studies of Mental Disturbance and of Pain", before the Worcester Foundation for Experimental Biology, Shrewsbury, Mass., Feb. 13, 1961.

Alexander, Leo, M. D. "The Role and Status of Physical Treatment in Psychiatry", before the Psychiatric Residents Association of the Boston Veterans' Administration Hospital, Boston, Mass., Feb. 16, 1961.

"Objective Evaluation of Anti-depressant Therapy by Conditional Reflex Technique", before the Eastern Psychiatric Research Association, New York City, New York, March 4, 1961.

"Symposium on Early Recognition of Neuroses and Mild Psychoses", before the Bridgeport Medical Association, Bridgeport, Connecticut, April 4, 1961.

"Symposium on Listica" (AL-0361). "The Effect of Hydroxyphenemate on the Conditional Psychogalvanic Reflex in Man", Denis Hotel, Atlantic City, New Jersey, (Armour Pharmaceutical Co.) April 22, 1961.

"Treatment and Diagnosis of Multiple Sclerosis", before the M.S. Society of Milwaukee, Milwaukee, Wisconsin, May 2, 1961.

"The Conditional Psychogalvanic Reflex: Its Contribution to Psychiatric Diagnosis", before the American Society of Medical Psychiatry, Chicago, Illinois, May 7, 1961.

"Organic Therapy in Psychiatry", before the Tufts Medical Students, Boston State Hospital, May 20, 1961.

"The Nurnberg War Crimes Trials", before the Staff of the U.S. Army Hospital, Fort Devens, Mass., May 25, 1961.

"Cortico-visceral mechanisms: Application of Conditional Reflex Concepts to Psychiatry". Panel Discussion, Third World Congress of Psychiatry, Montreal, Canada, June 7, 1961.

"Differential Diagnosis between Psychogenic and Physical Pain. The Conditional Psychogalvanic Reflex as an Aid", before the Third World Congress of Psychiatry, Montreal, Canada, June 10, 1961.

Alexander, Leo, M. D.

"Recent Findings in Human Conditioning",
Round Table Discussion, Society of Biological
Psychiatry, Atlantic City, N.J., June 11,
1961.

"The Present Status of ACTH Therapy in
Multiple Sclerosis", before the American
Neurological Association meeting (read by
title), Atlantic City, N.J., June 12, 1961
(with Leo J. Cass, M. D.).

Barton, Walter E., M.D.

"Psychiatry in France, Holland, and Belgium",
before the New Jersey Psychiatric Institute,
New Jersey, September 14, 1960.

"Management of the Geriatric Patient", at
the Dedication of the Geriatric Building,
State Hospital, Howard, Rhode Island,
September 20, 1960.

"Home Treatment of the Psychiatric Patient",
before the Southern Psychiatric Association,
Virginia Beach, Virginia, October 2, 1960.

"Problems and Difficulties in Securing
Appropriation", before the American
Psychiatric Association, Mental Hospital
Institute, Salt Lake City, Utah, October 20,
1960.

"Administrative Psychiatry", before Columbia
University, New York City, N.Y., November
10, 1960.

"Psychiatric Rehabilitation and After Care",
at the Conference on Rehabilitation,
Little Rock, Arkansas, November 20, 1960.

"Pre and Post Hospital Care as it Involves
the General Practitioner", before the
Massachusetts Academy of General Practice,
Boston V.A. Hospital, Boston, Mass.,
November 26th, 1960.

"Recreational Program for Psychiatric
Patients", before the Volunteer Conference,
Brockton V.A. Hospital, Brockton, Mass.,
November 29, 1960.

"Criteria for Selection of Patients in
Rehabilitation", before the Veterans
Administration Hospital, Tuscaloosa,
Alabama, January 11-12, 1961.

Barton, Walter E., M.D.

"Abnormal Psychology Class. Mental Illness", before the Newton (Mass.) Junior College, Newton, Mass., Jan. 17, 1961.

"Action for Mental Health", before the Attleboro Mental Health Association, Attleboro, Mass., January 26, 1961.

"Problems of the Open Hospital", before the Residents at Massachusetts Mental Health Center, Boston, Mass., Feb. 1, 1961.

"A Program of Integrated Community Service", at the Citizens' Group Conference on Community Psychiatry, Hartford, Conn., Feb. 3, 1961.

"Community Psychiatry", Heads of Psychiatric Institutions, Hartford, Conn., Feb. 28, 1961.

"Action for Mental Health", before the Lawrence Mental Health Association, Lawrence, Mass., March 16, 1961.

"Organization of Research", Conference, American Medical Association, Chicago, Illinois, March 30, 1961.

"Action for Mental Health", before the Pennsylvania Mental Health Association, Philadelphia, Penna., April 20, 1961.

"Administrative Management of Patients and Teaching Residents" at the Conference of State Directors of Psychiatry of Pennsylvania, Pittsburg, Penna., April 21, 1961.

"Action for Mental Health", Ruggles Oration, Butler Mental Health Center, Providence, Rhode Island, April 27, 1961.

"Response to Presidential Address" at the Annual Meeting of the American Psychiatric Association, Chicago, Illinois, May 5-12, 1961.

"Address to Modern Founders" at the Annual Meeting of the American Psychiatric Association, Chicago, Illinois, May 5-12, 1961.

Barton, Walter E., M. D.

"Panel Presentation on Report of Joint Commission" at the Annual Meeting of the American Psychiatric Association, Chicago, Illinois, May 5-12, 1961.

"Open Staff in a Psychiatric Hospital", before the Psychiatric Institute, Philadelphia, Penna., June 24, 1961.

"The Man Power Shortage in the Health Professions", before the Kellogg Conference Center, National Association of Mental Health Workshop, East Lansing, Michigan, June 29, 1961.

TEACHING ACTIVITIES

Medical

The hospital serves as a field training center for Boston University Medical School and for Tufts University Medical School. All undergraduates in their third year from both schools come for weekly classes throughout the year. In the fourth year approximately two Tufts students come per month, totaling 24 during the year. They serve as clinical clerks. Boston University sends one or two students as clinical clerks on elective status. A general practice resident from New England Hospital serves occasionally for a two month period.

The hospital graduate program in psychiatry includes 10 residents who begin training each year. It also continues in training those residents in their second and third years in association with the Psychiatric Training Faculty of Massachusetts Incorporated.

Four general practice residents under NIMH Fellowship Programs continued throughout the year. Once again the hospital joined with the Massachusetts Academy of General Practice in a special day long seminar for general practitioners held at the Boston VA Hospital.

Nursing

Affiliate School of Nursing

During the year 207 students enrolled for the basic course held at this hospital over a 12 week period. The number of

nurses affiliating during the year was as follows:

Boston City Hospital - 61, Saint Elizabeths Hospital - 79, Trusedale Hospital - 20, Saint Lukes Hospital - 21, Beverley Hospital - 26. The contractual relationships with Truesdale Hospital School of Nursing was terminated as a result of planning the annual meeting of directors and faculties in their home schools.

Several one day orientation visits were arranged for some of the instructors from the affiliating schools in order that they might have first hand knowledge of what their students experience.

Graduate Nurse Unit

14 graduate nurse students in the Master of Science Program at Boston University School of Nursing did their field work placements at this hospital and were stationed in the I and the A Buildings. Each student works intensively with a patient for 3 semesters. During the second semester several of these students conduct a group of patients in resocializing sessions. The head nurses attended weekly classes on advance psychiatry under the direction of John Mackenzie, the Clinical Director. On alternate weeks the Nursing Director conducted the groups in discussions of psychiatric nursing practice. Monthly meetings were led by Dr. Barton or the Director of Nurses.

Licensed Practical Nurse Program

Review classes were held for licensed practical nurses. 43 employees attended for a total of 9 hours of review. More than 30 licensed practical nurses were evaluated in their performance of basic procedures. Several repeat evaluations also were done.

Aide Program

81 new employees completed the basic two week orientation course as they came to duty at the hospital.

Occupational Therapy

This past year, 28 occupational therapy students from 7 schools of occupational therapy completed their psychiatric occupational therapy training at this hospital.

Following is a breakdown of schools sending students for training:

<u>No. of Students</u>	<u>School</u>	<u>Length of Affiliation</u>
2	College of St. Catherine (Minnesota)	3 mos.
13	Tufts-Boston School of O.T.	4 mos.
1	University of Wisconsin	3 mos.
3	University of Illinois	2 mos.
5	University of New Hampshire	3 mos.
1	Richmond Professional Inst.	3 mos.
3	University of Minnesota	3 mos.

Each student's schedule provided clinical experience in the major areas of occupational therapy on a monthly rotating basis. They were supervised by the head

occupational therapist and by the occupational therapy staff. They attended teaching case conferences, weekly seminars, service meetings in their assigned areas and a weekly meeting with the head therapist. They were given special orientation to the hospital as well as attending regular orientation for new employees.

Other Teaching and Training

The department participated in teaching and orientation of resident psychiatrists, clinical pastoral students, student nurses, attendant nurses and music therapy students.

Miss Canada served on the National Foundation Health Scholarships Committee for Massachusetts.

Miss Canada taught sixteen hours of the psychiatric occupational therapy course at Tufts University-Boston School of Occupational Therapy, and eight hours at the University of New Hampshire. Mrs. Evans taught four hours at the Tufts-Boston School course.

Miss Dillard, O.T. Assistant, completed the three months' D.M.H. Training Program for Occupational Therapist Assistants given at Westboro State Hospital, September 12 - December 3.

Miss Ginsberg, Music Therapist, attended a two-day Music Therapy Conference on October 7 and 8.

Miss Canada attended the American Occupational Therapy Association Annual Conference in Los Angeles November 11 - 18 as Delegate from the Massachusetts Association for Occupational Therapy.

Miss Canada and Mrs. Evans participated in a four-day item writing workshop at Tufts University - Boston School of Occupational Therapy February 2 - 5.

Mr. Felton and Mrs. Smith, Recreational Therapists, attended the D.M.H. Recreational Therapy Workshop held at Westboro State Hospital April 26 and 27. Two members of the Nursing Service also attended.

Several visitors from other hospitals in this country and abroad were given orientation and/or tours of this department during the past year.

Other committees on which the Occupational Therapy Department members served: Miss Canada--D.M.H. Training Program for Occupational Therapist Assistants; Miss Canada and Mrs. Evans--Tufts University-Boston School of Occupational Therapy curriculum committee; Miss Canada--D.M.H. Committee on Development of Occupational Therapy in the State institutions, New England Council of Student Affiliation Centers (program chairman), chairman of nominating committee for University of New Hampshire.

Occupational therapy seminars continued to be held once monthly throughout the year as a stimulating in-service education program for this department.

Psychology

See report included in department comments.

Chaplains

See report of the Catholic and Protestant Chaplain filed elsewhere.

PSYCHIATRIC SEMINAR SCHEDULE

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
1960		
Sept. 14	"The Physician and Emotional Disturbances" 54 minutes	New Medical Motion Picture
Sept. 21	"Pharmacologic Therapy in Mental Illness"	New Medical Motion Picture
Sept. 28	"The Fine Line" Don D. Jackson, M. D. Mental Research Institute	New Medical Motion Picture
	Special Problem Areas in Psychiatry	
Oct. 5	David J. Myerson, M. D. Director, Alcohol Clinic	"The Management of the Alcoholic Patient"
Oct. 12	Holiday - No Seminar	
Oct. 19	Karel de Haas, M. D. Clinical Director, Wrentham State School	"Mental Retardation"
Oct. 26 (Annual Staff Day)	<u>Panel Discussion</u> Samuel Stearns, M. D. David Oppenheim, M. D. Bernard Maney, M. D. Ben Snelling, M. D.	"Medical Problems in a Psychiatric Hospital"
Oct. 26 8:30 P. M.	Annual Combined Staff Meeting - D Building Class Room	
Nov. 2	Philip Solomon, M. D. Physician in Chief-Psychiatric Service, Boston City Hospital, Asst. Clin. Prof., Harvard Medical School	"The Present Status of Sensory Deprivation"
Nov. 9	Dana Farnsworth, M. D. Oliver Professor, Harvard University. Director of University Health Service	"The Practice of Psychiatry in a University"
Nov. 14	Joseph Neshpitz, M. D.	Johnson Memorial Lecture
Nov. 16	Harry C. Solomon, M. D. Commissioner, Department of Mental Health	A State Mental Health Program

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
Nov. 23	Clemens Benda, M. D. Director of Research and Psychiatry, Walter E. Fernald State School	"Evaluation and Prognosis in Emotional Disturbances of Childhood"
Nov. 30	<u>Panel Discussion</u> A. J. A. Campbell, M. D. Charles Bradford, M. D. Milton Brougham, M. D. Joseph Fischmann, M. D.	"Surgical Problems in a Psychiatric Hospital"
<u>TUESDAY</u>		
Dec. 6	Gerald Caplan, M. D. Harvard University	"Preventive Psychiatry"
Dec. 14	Leon Shapiro, M. D. Director, Division of Legal Medicine, Department of Mental Health	"Psychiatric Treatment in Prison"
Dec. 21	Ruth Ehrenberg, M. D. Director of Psychiatry, Medfield State Hospital	"Geriatric Psychiatry"
Dec. 28	<u>Panel Discussion</u> Francis J. West, M. D. Sidney Wilker, M. D. Philip McCarthy, M. D.	"The Medical Specialist's Concern with Psychiatric Patients"
1961		
Jan. 4	George Gardner, M. D. Director, Judge Baker Guidance Center	"The Treatment of an Emotionally Disturbed Child"
Jan. 11	Eveleen Rexford, M. D. Director, Douglas A. Thom Clinic for Children	"Getting Parents of Emotionally Disturbed Children into Treatment"
Jan. 18	Dorothy Macnaughton, M. D. James Jackson Putman Children's Center	"The Autistic Child"
Jan. 25	<u>Panel Discussion</u> Roy G. Hoskins, M. D., Moderator Walter E. Barton, M. D. Ralph Notman, M. D. John Arsenian, Ph.D.	"Organizing a Research Project" "Development of an Idea" "Methodologic Problems" "Measurement and Evalu- ation"

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
Feb. 1	Jack R. Ewalt, M. D. Professor of Psychiatry, Harvard University Superintendent, Mass. Mental Health Center	"The Shape of Research Today and Tomorrow"
Feb. 8	Hudson Hoagland, Ph.D. Sc.D. Executive Director, The Worcester Foundation for Experimental Biology	"A Study of a Substance in human plasma that modifies animal behavior." (slides)
Feb. 15	Bernard Bandler, M. D. Professor of Psychiatry, Boston University, Past President, American Psychoanalytic Assn.	"Total Psychiatric Treatment in the Community" (slides)
Feb. 22	No seminar - Holiday	
March 1	Felix Deutsch, M. D. Boston Psychoanalytic Institute	"The Associative Anamnesis"
March 8	Walter E. Barton, M. D. Superintendent, Boston State Hospital. Member, Board of Trustees and Committee on Studies of Joint Commission	"Action for Mental Health" Recommendations of the Joint Commission on Mental Illness and Health
March 15	Elizabeth Zetzel, M. D. Boston Psychoanalytic Institute	"Aggression and Symptom Formation"
March 22	Joseph J. Michaels, M. D. Boston Psychoanalytic Institute	"Disorders of Character"
March 29	Ives Hendrick, M. D. Boston Psychoanalytic Institute. Massachusetts Mental Health Center.	"Developments in Psycho- analytic Theory and Practice"
April 5	Martin T. Orne, Ph.D., M.D. Teaching Fellow in Psychiatry; Director, Studies in Hypnosis Project, Harvard University	"Recent Advances in Hypnosis"
April 12	Rev. Richard McCann Task Force Director, Joint Commission on Mental Illness and Health	"The Church and Mental Health"

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
April 19	No Seminar - Holiday	
April 26	Paul I. Yakovlev, M. D. Director, Warren Museum, Professor of Neurology, Harvard University	"The Importance of a Knowledge of Neurology to the Psychiatrist"
May 3	Alfred H. Stanton, M. D. Psychiatrist-in-Chief, McLean Hospital, Associate Professor of Psychiatry, Harvard University	"Milieu Therapy in the Psychiatric Hospital"
May 10	No seminar - American Psychiatric Association Meeting in Chicago, Illinois	
May 17	Nicholas J. Fiumara, M. D. MPH Division Director Department of Public Health Associate Clinical Professor, Dermatology, Boston University	"Boston After Dark - the problem of Homo- sexuality"
May 24	No seminar - Massachusetts Medical Society Meeting, Hotel Statler	
May 31	"Community Mental Health" "No Margin for Error" films	Planning Mental Health Resources in a Typical Town. Malpractice Prevention
June 7	"Psychiatric Newsreel 2" film	Cassel Hospital - Surrey, England. Community Program - Kentucky. Therapy in California Prison.
June 14	William Curran, LL.M. Director, Law-Medical Research Institute, Boston University. Professor of Legal Medicine, Boston University	"Determining Competence and Responsibility in Psychiatric Patients"
June 21	"Modern Concepts of Epilepsy" "Beyond the Shadows"	Film by Frank Foster, M.D.

NURSING DIVISION - Miss Lillian Goodman, R.N., B.S., M.S.
Director of Nurses

I. PERSONNEL

A. Key position changes:

Mrs. Joyce Keenan, R. N., resigned as Nursing Instructor on July 23, 1960 to stay at home. She was reappointed on March 27, 1961 following Miss Jackson's resignation.

Miss Janet Jackson, R. N., was promoted to Nursing Instructor which position she occupied until resigning on January 21, 1961 to accept position of Research Nurse with the NIMH Drug Project Team.

B. Total turnover of Nursing Service Personnel for 1960-1961.

	<u>1959-60</u>	<u>1960-61</u>
Nursing Service Appointments (includes 41 G.N.'s)	179 (30 GN's)	205
Nursing Service Terminations (includes 34 G.N.'s)	161 (20 GN's)	196

To give a more accurate picture of the usage of Head Nurse positions at the end of this fiscal year, the following is presented:

Head Nurse Quota - 84

31 blocks filled by R.N.'s

4 blocks filled by G.N.'s

9 blocks filled by L.P.N.'s

40 blocks filled by A.N.'s

II. SIGNIFICANT EVENTS

For the first time in many years, there were two R.N. supervisors recruited for the East Service. This accomplishment then made it possible to recruit head nurses for this service - in P and L Buildings respectively. The next step was the assignment of affiliate student nurses to these wards.

A major change took place when P-2 patients moved to N Building and P-2 became the most alive and therapeutic ward in the entire continued treatment service due in large measure to the efforts of the supervisor, Mr. John Moscovites.

III. PUBLIC RELATIONS

- A. The Nursing Service served as hostesses for many visitors throughout the year.
- B. Professional Activities, Director of Nurses Chairman, Massachusetts League for Nursing Interdivisional Council of Psychiatric and Mental Health Nursing.

Speaker - University of Minnesota Center for Continuation Study, April 24, 1961, on "Regression - The Implications for Nursing in the Large Public Mental Hospital."

Associate Clinical Professor - Boston University School of Nursing.

Nursing Consultant - Brockton Veterans'
Administration Hospital.

Member - Steering and Advisory Committee of
the Research Project (N.I.M.H.) Practical
Nurse Preparation for Care of the Mentally Ill.

Speaker - Veterans' Administration sponsored
Institute for Head Nurses at the Providence
Rhode Island Veterans' Administration Hospital
on May 18, 1961.

The Director attended the meetings of the World
Congress of Psychiatry in June at the expense of
the Practical Nurse Project.

IV, BARBER SHOPS

A new program is underway with one hour a day set aside
during which the barber will take three patients that
don't shave themselves and try to teach the patient to
shave himself. Once this is accomplished the patient
will then be taught to wash his face and comb his hair.
We have done this with a few patients. The results
have been good.

I Building patients are now shaving in the barber shop
three times a week. J Building shaves twice a week
in the barber shop. This work is being done with the
help of the patients that work in the barber shop.

H Building barbers have patients work with them in the barber shop. Theoretically if the other barbers work with patients, all the male service can be shaved three times a week and be given haircuts every three weeks.

In order for the barbers to achieve any kind of success in their work, all barber shops have to have better equipment.

1. Provide adequate sinks and mirrors. This does not mean only in the barber shops but also on the wards. This is essential so that good grooming learned will be followed on the wards.
2. Attempts should be made to stimulate the attendants to set a higher standard of grooming for the patients.
3. Extra hair clippers for each shop. Each shop should also have one shampoo hose.
4. When it is time to have tools sharpened or the hair clippers fixed, the barbers would like to bring the tools to the people who do this work themselves and not have to wait six months to get them back when they are able to do the same in a day or two.
5. Reception Building should have larger quarters for the barber shop.

V. MAJOR PROBLEMS

1. Supervision - more graduate nurses are needed on all shifts.
2. Education - Nursing Instructors are needed to provide continuous on-the-job education for Licensed Practical Nurses and for attendant nurses.
3. Maintenance and repair.
4. Facilities and personnel for better clothing control.
5. Industrial accidents and sickness.
6. Tenure law - should be extended from six months to one year.

VI. GOALS FOR 1962

1. Continued improvement of nursing care given to our patients.
2. Continued improvement of clothing system.
3. Continued striving toward greater individualization of patients.
4. Improved supervision.
5. Improved employee morale and job satisfaction.
6. Establishing a training ward in each service for new attendants (a recommendation from Dr. R. Vaughn's project).

7. Creating a screening committee to meet monthly to evaluate new employees; this committee to consist of the Assistant Superintendent, Director of Nursing, Assistant Director of Nursing, and representation from the building supervisors. (The latter group to rotate). (This recommendation was also made by Dr. R. Vaughn).
8. Continuing to work toward systemizing a rotation system for personnel in regard to both ward area and shift hours.

Sincere appreciation is expressed to the Superintendent, other Division Heads, and all the Nursing Service employees for their cooperation and assistance.

BUSINESS ADMINISTRATION DIVISION - Avery W. Cook, Steward

Maintenance expenses for the year were \$5,620,635.18, an increase of \$380,449.03, over the previous year. The average patient population was 2596.51, and the daily cost per patient was \$5.93.

The appropriation was not adequate in many accounts. A deficiency budget was necessary and the following amounts were received by transfer from the 01 account in this budget:

02	\$13,000
03	5,960
07	10,000
11	900
14	4,300

It was also necessary to request emergency transfers in the repair account for emergency repairs and replacements, and for the demolition of the East Staff House, which was destroyed by fire. Emergency transfers were also received in the Travel, Advertising and Equipment accounts.

A transfer was also requested in the Services - 03 Account, but was not approved. Consequently, it becomes necessary to prorate available funds in order that all consultants may receive a fair proportion of the funds for services provided in June.

All other accounts were in good order.

Our long hoped for appropriation for a new service building was not made. It is hoped that newly conceived building requests will not continue to push this needed construction

further down the list. Good food service demands an efficient physical plant with modern equipment and should be given the highest priority in the management of a large hospital such as this.

A contract totalling over \$800,000 was awarded for Fire Protection. Under this, many of our buildings are to be completely rewired, others are to be modernized electrically, emergency lights and fire signalling devices are to be installed in all buildings and improvements are to be made for the safety of patients and employees.

Power Plant Renovation Contract #2 was finally completed to our satisfaction. Much difficulty with the operation of the switch gear was overcome and the plant operates with maximum efficiency. Still to be carried out is the #3 phase of this contract, originally calling for the installation of a 1000 KVA generator. A recent survey was made to decide the value of this or whether a physical tie-in with Edison should be made.

Plumbing and Heating Improvements were made in J, H, A, B, and I Buildings during the year. The #2 phase of this contract is completed and #3 contract is in process of being drawn up for bidding.

Repairs were made to the roof of B Building and when completed should eliminate a source of trouble in this area.

Contracts were awarded for installation of a new floor and painting of the Chapel, for a new entrance to the I Building Cafeteria, and a new floor in this area, for new showers on I-3 and for

improvements to the sewerage problem in P Building, including drains for the three porches.

Most needed are new positions for supervisory personnel and revisions of salaries for those positions in the "hard to get" category - Engineers, Maintenance people, clerical workers, Treasurer, and Department Heads. Our Department Heads are "spread so thin" now that added responsibilities mean that some other area must suffer.

NUTRITION DEPARTMENT

I. New Projects

1. The training sessions for dietary employees continued. The first series was on the control of infectious diarrhea. Movies were shown to all dietary employees. Meetings and discussions on good sanitary practices were held, followed by letter to each employee listing the necessary precautions they must take to prevent contamination of any type. Demonstrations were given on good dish washing procedures and the care of dish machines.

A formal training series was prepared by the dietary supervisors for all new employees. There are 6 sessions given weekly by the dietitian.

1st week - Sanitation and care of equipment

2nd week - Serving procedures

3rd week - Dish washing procedures

4th week - Safety - Good Patient Care

5th week - Organization of Food Service Department -
and Hospital Policies

6th week - General discussion and written review

These sessions are compulsory for all new employees.

At the completion of the session a conference is held with each new employee to discuss his or her understanding of the work required. A letter confirming the conference is sent to the employee, a copy of

which is placed in the personnel file. Approximately 30 employees have participated in this program. The results of the written review show that the employees are very interested in learning about the work they are doing.

2. Requests were made for approval to work more employees the 10 hour shift. These were granted and we were able to provide H-1 and H-2 with three meal coverage by dietary personnel.
3. Two new system were set up for rating employees. The first was for all permanent employees. They are rated once a year by their immediate supervisors. They receive a copy of this rating as well as the one sent to the personnel file. If the rating is unsatisfactory, one of the dietitians discusses this with the employee. The employee is rated again at the end of three months. Any employee receiving three unsatisfactory rating sheets is then sent to the Steward. This program has improved the food service more than any other we have undertaken.

The second rating system was set up for new employees. They are rated at the end of the 1st, 3rd and 5th month. The last two ratings must be "good" if they are to continue as permanent employees.
4. Through the Food Service's meetings, with the assistance of Dr. William T. St. John, we have been able to get a satisfactory system to control the turmoil in the

East cafeteria during the breakfast and dinner meals. Patients cannot enter the cafeteria unless accompanied by a paid employee. This employee unlocks the door, admits only her patients and locks the door behind her. Each ward had its time to arrive at the cafeteria. This eliminates calling the wards each meal and enables the ward personnel to plan activities around the meal schedule. Three months of planning, constant supervision and weekly meetings went into making this system effective. I hope it does not break down again.

5. The leadership training for dietary supervisors continued on an intensive basis for new supervisors and brush-up sessions were held for the older supervisors.
6. New contracts were awarded for dishwashing materials making the company providing the material responsible for the installation of electronic dispensers for each tank type machine. They were also responsible for monthly inspections of the machines.
7. This hospital was issued a supply of zylon dishes for the A cafeteria so that a survey could be made to compare these with the present plastic ware. The results of the survey shows that zylon dishes do not break nor do they stain. However, they burn badly and scratch easily. We recommended that zylon cups and glasses be purchased and that they continue to purchase plastic plates and dessert dishes. The latter are more apt to be used for ash trays and the zylon burns badly.

8. Toward the end of the fiscal year, H4 started eating in the main cafeteria. In addition to relieving a dining room attendant, this has an advantage to the patients. They have a wider variety of foods especially in grilled items such as fried eggs, pancakes, hamburgers, and frankforts.
9. Fresh lamb was added to the list of surplus foods. We received an amount sufficient enough to give the patients two roast lamb dinners and a meal of lamb chops each month. This was a welcomed variety to the Standard Dietary.
10. New Equipment - Two new food carts were received to replace older ones in poor condition.

A combination refrigerator and freezer was purchased for the D Diet kitchen. This enables them to use more frozen items. Ice cream is kept on hand all week.

A new Hobart mixer was installed in the West kitchen.
11. Miss Shiver with the aid of the cooks in D building worked out recipes for pastries using saccharin to give greater variety of desserts to diabetic patients.
12. The I building cafeteria was partially remodeled with a new entrance off the stairway and a new tile floor.

II. Routine

1. Monthly Food Service meetings were held.
2. The monthly orientation lectures were given.
3. The annual Passover dinner and the Easter communion breakfast were held.
4. Mr. Houde made his routine inspection of the dietary service. He stayed for the evening meal to observe the burden placed on the nursing service because of the shortage of dietary personnel. Mr. Houde figured that 9 additional dining room attendants are needed to provide adequate coverage for the food areas now in service.
5. The program of physicals for food service handlers continued during the year.
6. Cultures of food service equipment, employee's hands, aprons, and dishes were taken by the laboratory technicians at regular intervals during the year.
7. Meals were served according to the Standard Dietary with the use of surplus foods and fresh vegetables provided by other institutions. There were approximately 3,300,000 meals prepared and served by 128 dietary employees.
8. The patient's activities have increased considerably this spring and summer. In May of 1961, refreshments and picnic lunches were prepared for 900 patients.

In June, food was provided for outings for 1025 patients. The kitchen is getting to be a specialty shop, but we are pleased to see all of the patients benefiting from these activities instead of just the Reception Building.

9. The weekly meetings conducted by the O.T. in the East cafeteria for all new dietary employees were held regularly during the year. The O.T. workers tell me there is still a keen interest in the program. Since this program was started to give new employees a better understanding of the patients, we have only had to let one dining room attendant go because of a poor relationship with the patients.

10. Revised diet manuals were typed and distributed to the ward personnel and physicians in D building.

Our diet program may be restricted since Mr. Houde has prohibited the purchase of any dietetic foods. This has not been felt as yet because we have had a sufficient supply of fresh vegetables to use for low sodium diets and the present inventory of dietetic fruit has just run out.

The attached list of diets were prescribed and served to patients in H, G and D Buildings during the year.

<u>TYPE OF DIET</u>	<u>NO. OF PATIENTS</u>
Bland	46
6 Meal Bland	18
Bland Low Fat	7
Diabetic	219
High Protein	14
High Protein - Hi Cal.	21
High Protein - (soft)	24
Hi- Pro, LOW CHO-LOW FAT	4
Hi- Pro. - LOW RESIDUE	1
Low Fat	5
Low Fat (soft)	2
Low Residue	28
Reduction	13
Low Sodium	174
Low Sodium (soft)	50
Salt Free	4
Vegetarians	3
6 Meal Bland - 3000 Cal.	5
1,000 Cal. Low Fat - 40 gm	3
Bland (all puree)	1
Low Sodium Liquid	2
Low Fat - Low Residue	1
Low Cho. - Low Pro.	1
1500 Cal. 1 - 2 grm. (Low Sod.)	1
Low Sodium Bland	1
Low Fat Diabetic	6
Diabetic - Low Sodium	3
Low Residue - High Pro.	1
 SOFTS	 791
Low Residue - (meat free)	<u>1</u>
 TOTAL	 1441

Due to the fast change in diets, the following were not totaled -

Precautions - Full Liquid, and Clear Liquids.

III Needs

Once again our greatest needs are in the personnel area.

The D building must use a dining room attendant for relief for the cooks when they are out sick or on vacation.

There is no qualified therapeutic dietitian available in D building on Miss Shiver's days off or on her vacation. This means that calculated diets for patients are sometimes delayed.

With the population of the hospital getting older and feeble, there is an increased demand for three meal coverage by dietary personnel on the wards. This is impossible with our present quota.

Relief for the vacation periods and also for the 12 holidays is desperately needed. This year we will have 288 weeks of vacation to give.

In spite of our personnel shortages, the patients were well fed in clean sanitary areas during the year.

We have made considerable progress in the management of personnel. Our training program East is well organized under the supervision of the Head dining room attendants who rotate every 6 months. With the addition of the formal training program, the screening

of new employees is very effective. Out of 22 new full time employees, all but 2 of the poor workers were dropped before reaching tenure. We are also pleased to report that we were able to terminate 8 undesirable permanent employees with one to four years of service without the red tape of hearings. The only problems we have not found a solution to are the obviously phony doctor's certificates submitted and how to control the Industrial Accident racket.

The greatest satisfaction the dietician has received is from the improved work performance of many of our dietary employees. This was the result of the new rating procedure and the tireless efforts of the dietary supervisors who do an excellent job of supervising.

HOUSEKEEPING DEPARTMENT

Four day halls were refurnished with new furniture, H-9, I lobby, A lobby, and the M Building lobby. Also the large Club room was completely redecorated - with new furniture and library shelving. This furniture is very comfortable, bright, and cheerful for these areas.

Three refrigerators, 4 floor polishers, 6 fans, and 9 Television sets were received and issued. 300 pairs of drapes were made and hung throughout the hospital.

There were 120 sets of cushions made at the Prison and 24 pieces of furniture reupholstered at the Prison.

In the Housekeeping Department, there are:

2 Head Housekeepers

4 Supervisory Housekeepers

1 Junior Clerk

35 Housekeepers

22 Porters

5 Elevator Operators

Our supervisory personnel is adequate, our Housekeepers and Porters are inadequate to meet the demands and to give ward buildings more adequate housekeeping. Our quota must be increased to at least 12 Housekeepers, 7 Porters, 2 Clothing Room Caretakers and 3 Linen Room Caretakers.

Our patient clothing and linen was good; our two Clothing Rooms seemed to be well stocked at all times.

It is our ambition to see the patients dressed neater and attractively. I see the patients well dressed but there is missing a shoe or a heavy overcoat worn in July. Losses occur at night. Cooperation in keeping patients dressed properly is essential. It is everyone's responsibility but half try and the other half do not. There are 4 sewing rooms which will shorten a patient's dress or take in trousers.

Nurses have asked for washing machines in the buildings, believing this would enable them to control the patients' underwear and socks. Four areas have these machines; the first two are in use and two have not been turned on.

With a little effort on each employee's part, patients could be better dressed.

SEWING ROOM

Mending	31,962 articles
Stamping	7,434
Yard Goods Cut	4,574
Home Production	10,264
Glove Cases, O. R.	793 (scrap material)
Aprons	769
Cylinder Covers	23
Slings, clinic	78
Draperies	395½
Draperies - remade	127
Valances	462
Dish Towels	495
Operating Covers	108
Heart Binders	94
Shoe Bags	150
Flags repaired	20
Barber Aprons	6
Shoe Covers, doctors' and nurses'	340
Laundry Bags, Labelled and Marked	152
Blankets remade	77
Bed Pads made	241
Clothes Bags	85
Chair Jackets, O. R.	67
Chair Pads	183
Plastic Bibs	10

Booties made	3,005
Scuffs made	1,311
Zippers replaced - skirts	68
" " pants	62
Special Production cut	85 yds.
Jackets and Coats Altered	441
Dresses altered	126
Trousers "	609

LAUNDRY DEPARTMENT

The Laundry operated seven days a week with a compliment of 25 employees and 45 patients. It handled and processed 3,505,577 pieces of linen during the past year. This is an increase of 43,175 pieces more than the previous year.

Two new dry tumblers have been added to the equipment, replacing one older type dry tumbler. An even flow of work is now possible without any back log at the drying department.

At the present time, pants and shirts are pressed for the men in Cottages E, F, K, and J, plus all private patients' shirts from Reception, B and H Buildings. The aim is to press all patients' shirts and pants. Added equipment, (an automatic shirt and press unit,) plus extra employees to operate them will be needed to achieve this goal.

Patients' Linen

Landry Bags	94,543
Blankets, white	2,851
Blankets, grey	41576
Blankets, strong	9,942
Covers, mattress	446
Covers, screen	624
Mops	3,475
Pillow Cases	228,765
Rugs	616
Scarves, table	944
Sheets	965,743
Spreads	39,475
Towels, Bath	25,446

Towels, Barber	23,972
Towels, beauty parlor	25,836
Towels, dish	24,898
Towels, hand	36,314
Miscellaneous clothing	68,432
Aprons, kitchen	6,004
Aprons, laboratory	1,536
Bathrobes	73,644
Bed gowns	279,985
Blouses	3,496
Caps, white	615
Caps, dark	604
Coats, dark	5,017
Coats, white	1,143
Coveralls	1,246
Dresses	135,846
Dresses, strong	49,147
Gowns, laboratory	1,643
Gowns, operating room	2,546
Hoovers	1,576
Overalls, blue	145
Overalls, white	1,176
Skirts, outside	94,949
Shorts	57,843
Slacks	443
Slips	3,247

Socks, bed (booties)	16,478
Socks, women's	8,496
Socks, men's	69,432
Sweaters	5,345
Trousers, dark	71,437
Trousers, white	1,846
Union suits, men's	97,948
Union suits, women's	<u>114,306</u>
<u>Total</u>	<u>27,861,730</u>

Dry Cleaning

Overcoats (men)	4,896
Overcoats (women)	3,472
Suit coats	1,478
Pants	4,956
Dresses	3,752
Skirts	4,743
Sweaters	1,246
Draperies	346
Ties	314
Vests	36
Sport shirts	<u>1,278</u>
<u>Total</u>	<u>26,517</u>

Employees' Linen

Aprons	9,576
Belts	6,341
Bibs	8,952
Blouses	2,243
Bed pads	2,415
Bras	2,753
Boy's suits	2,031
Blankets	3,114
Caps	4,532
Coats	8,296
Collars	5,832
Cuffs	6,743
Curtains	4,961
Dish cloths	2,347
Draperies	3,936
Dresses	3,142
Face cloths	7,937
Hankies	16,742
Laundry bags	9,932
Napkins	6,542
Night gowns	4,132
Overalls	2,876
House coats	2,731
Pajamas	5,378
Pot holders	2,014
Play suits	2,157
Pillow cases	52,853

Skirts	3,589
Stockings	4,113
Smocks	2,036
Shorts	9,937
Slips	4,536
Socks	6,514
Surgical shirts	2,436
Sheets	66,842
Scarves	8,152
Spreads	21,378
Shirts	50,761
Table cloths	5,873
Towels, bath	66,342
Toels, hand	53,476
Towels, dish	20,436
Tee shirts	9,932
Trousers	9,743
Union suits	6,142
Uniforms	44,993
Under shirts	99,256
Table mats	3,416
Tugs	<u>2,476</u>
<u>Total</u>	<u><u>692,887</u></u>

HOSPITAL EQUIPMENT REPAIR - INDUSTRIAL THERAPY DEPARTMENT

Patients working in this department have shown a very marked improvement in their mental attitude and also have a greater interest in the work of the Industrial Shop. An increase in the number of working patients assigned to the Industrial Therapists during the coming year is desired.

The requests for equipment needed to operate the Industrial Therapy Shop have been filled. In the near future this shop must have two new electric power sewing machines to replace the old models that are obsolete.

In listing the amount of work performed in this section, the hospital must keep in mind the productive capacity of patient workers. Hidden talents are brought out by the Industrial Therapists. The suggestions of many patients are used in keeping the equipment on the wards and in the buildings in good condition.

A closer relationship between the patient and employee is desirable for it results in a happy and contented patient with improvement in his attendance at work and general well-being.

Woman workers have helped in many ways in the cutting and sewing of various items made in the shop. It creates a normal working situation to have men and women working patients assigned to the same work area.

Examples of new work include:

1151 Mattresses

533 Pillow cases

544 Window shades

245 Pillows

168 Cushions

142 Laundry bags

58 Chairs upholstered

348 Chairs repaired

890 Mattresses sterilized

626 Pillows sterilized

97 Cushions sterilized

317 Bundles of clothes sterilized

Shoe Repairs

808 prs. half soles

1399 prs. heels

1243 prs. shoes stitched

690 prs. heel pads

807 prs. heel and toe plates

329 prs. heel counters

438 innersoles

6 sets Jones Bars installed

1 pr. leg braces

101 bed springs repaired

STORES

The following figures represent the quantity of each item handled during the year by the store house.

Meats	500,000 lbs.
Canned Goods	400,000 cans
Fresh Eggs	68,000 doz.
Frozen Eggs	23,500 lbs.
Coffee	40,500 lbs.
Tea	23,300 lbs.
Tea bags	122,500 ea.
Desserts	26,000 lbs. & gals.
Cereals	850,000 pkgs. & lbs.
Fish	165,000 lbs.
Spaghetti, Macaroni, & Egg Noodles	60,000 lbs.
Jams & Fillings	50,000 lbs.
Peas & Beans	22,500 lbs.
Salad Oil & Extracts	5,500 gals.
Spices & Condiments	6,200 lbs. & gals.
Soup Bases	4,800 lbs.
Pickles	2,600 gals.
Vinegar & Molasses	2,600 gals.
Cheese, Lard & Butter	160,000 lbs.
Vegetable Compound	39,000 lbs.
Vegetables	605,000 lbs.
Dried Fruits	60,000 lbs.
Whipped Topping	7,000 lbs.
Potato Chips	4,000 lbs.
Cocoa & Chocolate	17,500 lbs.
Crackers	19,500 lbs.
Chop Suey, Noodles, & Sauce	33,000 lbs. & Gals.
Evaporated Milk	21,000 cans
Salt, Flour & Rice	75,000 lbs.
Bread	405,000 lbs.
Peanut Butter	13,000 lbs.
Olives	800 gals.
Relish	5,000 gals. & cans
Powdered Milk	25,500 lbs.
Dietetic Foods	14,000 cans
Ice Cream Mix	3,000 gals.
Pancake Mix	11,000 lbs.
Tobacco	12,000 lbs. & pkgs.
Housekeeping & Ward Supplies	4 million pieces and pounds
Office Supplies & Forms	500,000 pieces
Powerhouse, Elec., Plumbing	15,000 pieces
Carpentry, Masonry, and Maintenance Supplies	10,000 pieces
Drugs	4 million units
Clothing	55,000 pieces
Occupational Therapy	12,000 pieces

The amount of the above items were again greater than the preceding year.

Our Meat Cutter, who had thirty-two years service, was retired, and the Assistant was promoted to Meat Cutter.

Our stocks were kept at a high level. There were some rejections on goods for not meeting specifications.

The auditors were here in September, 1960, and found our system and general conditions satisfactory.

TRANSPORTATION DEPARTMENT

The hospital fleet has 19 vehicles that travelled a total of 124,000 miles, consuming 15,730 gallons of gasoline.

The vehicles are mainly used on the grounds in the delivery of meals, food and supplies, collecting and disposing of rubbish, maintenance of buildings, grounds and utilities, and pickup of surplus food and materials. They are used for social service work, police patrol, mail service, recreational trips for patients and other administrative duties. In addition, they are used for daily trips to the Department of Mental Health, transferring patients on the grounds, and to and from other institutions, the return of wandering patients, pickup and return of laundry, home care and contact work and administrative travel.

On the grounds four tractors worked 3,459 hours using 1,672 gallons of gasoline. The grounds crew continued the seasonal work of lawn mowing, hedge trimming, flower bed planting and maintenance, grounds policing, leave raking and removal, furniture moving, erecting and removing snow fences, snow plowing, shoveling and sanding, steam and sewer line excavating and backfilling, road patching and repairing. In addition 3 elms at G & S, 8 cherries, 4 hickories and 2 poplars were removed. One oak at M & one oak on the back road were removed. The three cottages were treated for termites. Broken limbs and brush was

was cleaned up after the September hurricane. A hedge of barberries was planted at the Administration Building and a hedge of privet at the farm house. 200 privets were planted at H, A, B, and Harvard Street hedges to replace broken and missing ones. At the chapel 8 arborvitae and 4 juniper were planted. One fir and 2 yews were planted at the Administration Building. A flower bed with 1 spruce and 4 yews as a center were planted at A. On the front side of A we planted 10 yews, 9 lilacs and 6 beauty bushes. 2 yews at #1 cottage and 2 yews at #2 cottage were planted. Shrubs at the corner of G were replaced by yews. 6 plane trees and 6 locusts were replaced. We planted 300 spruce and 300 firs to supplement our nursery. Also a screen of 40 Scotch pines were planted at the side of G to form a future snow screen. The area containing the Administration Building, Reception, Chapel, Male Home, West Kitchen, D, C, A, B and West Employee Home and Laboratory consisting of about 190 medium - large trees were pruned. All oaks, beeches and elms were sprayed. All fringe areas were sickled, barred and burned. All lawns were fertilized and sprayed. The C Building was cleaned out from cellar to attic. The greenhouse produced 7,000 plants and 2,400 bunches cut flowers that were distributed to the wards. During December, January and February most of the time was spent on snow removal, which was the heaviest in years.

The security force of special officers and watchmen continued to patrol the grounds and maintain security.

Due to many employees being out on extended illness it was difficult to continue all necessary services. As a consequence, the grounds had to suffer. The garage needs a minimum of two additional drivers. There is no spare driver to cover sick or vacation relief. With almost a years vacation among the drivers, one man is needed year round just to cover vacations. When a driver is out sick a groundsman had to be used as relief. This is not fair to the grounds.

Every year we have been extending the lawn acreage mowed. Further expansion is not possible without additional help during the mowing season. Three temporary grounds-handymen are needed for 90 days during June, July and August for vacation coverage when work is at its heaviest.

PLUMBING AND STEAMFITTINGS

Plant Operation

Contractual work completed on Mass. Project M713 - Phase 2. This work included replacement of all plumbing in J Building and the installation of forced air fans on heating systems in A and I Buildings.

Installed 7 unit heaters in lower and upper coal pockets at power plant building. These heaters will provide heat for these areas now being used for garage facilities.

Installed piping for clothes washers at A, B, H and Q Buildings.

Electrical Work

Installed 4 poles and necessary wire and utilities between L Building and East Employees Home for electric service to Home. This was necessary when underground cable failed between these buildings.

Installed ventilating fans in glass block windows of all shower rooms in A Building.

Installed conduit, wiring and switches for clothes washers and dryers in A, B, H and Q Buildings.

Installed conduit, wiring and switches for 7 unit heaters at power plant coal pocket.

MAINTENANCE DEPARTMENT

8,495 Panes glass installed
1,890 Pieces furniture repaired
8 New doors built and installed
16 Broken doors repaired
8 New sash and frames built
16 Sash repaired
80 New wood screens built
24 Wood screens repaired
31 Laundry trucks built and repaired
32 Door closers repaired
25 Frames for pictures, signs, etc.
21 Bulletin boards
33 Filing boxes

Outside painting done at "O" Building, North Cottage "J"
Building, Farm House, Canteen and Club House, Cottages
#1-2-3 and 4. Outside doors, pipe rails, etc.

Inside painting done at Cottages #1-2 and 4, "N", "B",
"P", "S", "I", "J", "O", "A", "K", Reception Building,
Superintendent's House, Nurses Quarters.

FIRES

<u>#</u>	<u>Date</u>	<u>Place</u>	<u>Damage</u>	<u>Cause</u>	<u>Cost</u>
1	Aug. 15	H-4	Mattress 3 shirts	Careless disposal of cigarette	\$25.00
2	Sept. 10	Roof	Burning trash	Careless disposal of cigarette	0
3	Oct. 4	J	Smoldering rags	Careless disposal of cigarette	0
4	Nov. 7	Rec. 5	Mattress cover	Patient set fire	10.00
5	Dec. 1	I-3	Trash stuffed in wall hole	Patient set fire	0
6	Dec. 23	Rec. 3	Linen room fittings and patient clothing	Patient set fire	950.00
7.	Dec. 1	M	Trash behind radiator	Heat from radiator	0
8	Dec. 2	Rec. 3	Mattress	(?) Patient set fire	25.00
9	Dec. 3	Rec. 5	Mattress	Patient set fire	5.00
10	Dec. 2	N-1	Lounge Chair	Careless disposal of cigarette	10.00
11	Dec. 19	Rec. 5	Mattress cover	Patient set fire	5.00
12	Dec. 20	Rec. 3	Mattress cover	Patient set fire	10.00
13	Jan. 13	I-1	Clothing	Sprinkler caused damage fire. Unknown origin	350.00
14	Jan. 9	H-2	Trash	Careless disposal of cigarette	0
15	Jan. 18	Rec. 2	2nd degree burns to patient bedding and clothing	Suicidal attempt Patient set fire to self	25.00
16	Jan. 23	Rec. Aud.	Wood frame	Patient set fire	10.00

<u>#</u>	<u>Date</u>	<u>Place</u>	<u>Damage</u>	<u>Cause</u>	<u>Cost</u>
17	Jan. 28	N	Trash behind radiator	Careless disposal of cigarette	0
18	Mar. 23	Rec. Lobby	Vending machine	Overloaded circuit	10.00
19	Apr. 17	Staff House	Doctor killed Extensive damage	Careless disposal of cigarette	10,000.00
20	May 1	I-4	Bedding	Patient set fire	15.00
21	May 2	K	Trash in electric box	Arson undetermined (locked doors)	25.00
22	May 14	H-2	Trash under radiator	Careless disposal of cigarette	0
23	May 22	Rec. Yard	Painters drop cloth	Careless disposal of cigarette	0
24	May 1	Paint Shop	Oily rags	Spontaneous combustion (water damage)	1.00
25	May 18	I-2	Clothing room trash burned	Careless disposal of cigarette	0
26	May 27	Rec. 4	Painters drop cloth	Careless disposal of cigarette	0
27	Apr. 28	I-3	Laundry Room bags of clothing	Careless disposal of cigarette	25.00

Total 1960 - 17 fires
 1959 - 11 fires
 1958 - 19 fires

FISCAL DEPARTMENT - Dorothea Preston, Treasurer

Mr. Samuel J. Carchidi, Treasurer of the hospital, left his post in August of 1960 to become the Assistant Steward at the Wrentham State School. Nearly sixty candidates were interviewed. Many lost interest when they learned the low salary offered for such a responsible position.

Mr. William D. Conley was named Treasurer in November. After a relatively short period of incumbency, he left for a position at nearly double the salary the State was paying him. Once again extended efforts were made to locate a qualified Treasurer.

At the close of the year Mr. John Marcell agreed to accept the post. He reported for duty after the beginning of the fiscal year in July 1961. During much of the year the burden of responsibility fell on the Assistant Treasurer. Much overtime work was needed to keep operations current.

The two Burroughs Typing Sensimatic Payroll Machines were out of order frequently, greatly handicapping the depleted staff in meeting payroll deadlines. Valuables, ledger cards, bond ledger cards, escrow retirement were also machine posted during the year.

As the details of fiscal operation increased with the introduction of new work without discontinuing the old, additional staff is required to keep the work of the

department current. The office is subdivided into sections, a payroll section and a patient's fund account section that operates independently in another detached office. Space limitations also make the work of this department difficult from a supervisory standpoint. A loyal staff strove valiantly to keep work operating smoothly and the fact that they succeeded in doing so most of the time is a credit to their extra effort.

REPORT OF THE CATHOLIC CHAPLAINS' ACTIVITIES - Rev. Fr. John F. Lawler - Rev. Fr. Robert J. Giggi

Every Friday morning after the nine o'clock Mass in the Chapel of Our Lady, Health of the Sick, the Chaplains conduct Perpetual Novena Devotions to Our Lady of Hope. This special devotion was not haphazardly selected - rather was it carefully chosen because the devotion underlines the necessary and meaningful spiritual prescription of Hope. We like to think that this supernatural medication of Hope and the presence of the Catholic Chapel on the hospital grounds are synonymous in meaning - complementary in purpose.

When people visit an ordinary hospital, they naturally feel sorry for their sick friend. But their sorrow is sustained by hope. They seek to communicate that hope to their friend whether he has heart trouble, tuberculosis or any other serious affliction. This kindly optimism is a positive help to the sick in their struggle for recovery.

Yet when people think of the mentally ill, there are far too many who consider them hopeless. This lack of hope tends to dry up the wells of love and sympathy. You cannot love for long when you abandon hope for someone. The mentally ill patients positively need to know that someone cares about them. Love is something that the sickest patient can easily recognize and appreciate. Hope provides a foundation-stone for love and sympathy.

Here, then, in great part is the reason d'etre of the new

Catholic Chapel and the activities of the Chaplains. The Chapel spells out in large capital letters that God does care. The Church, through the assignments of its Chaplains is vitally concerned with the physical, mental and spiritual health of her children. Here, in the reverence and tranquility of the Chapel, the House of God, the mentally ill can probe into the depths of their souls, evaluate their outlook on life, their sense of right and wrong, their relation to their Creator and to their fellowmen, and, in short, strengthen themselves with God's grace in the fuller possession of the theological virtues of faith, hope and love of God.

It is to the credit of His Eminence, Cardinal Cushing, that he would see the need of a Chapel for the mentally ill and provide the present beautiful Chapel edifice for the well-being of his Hospital Faithful.

The contents of this year's report do not change radically from previous annual reports. The Chapel of Our Lady, Health of the Sick, is open daily. It is a source of joy and delight to see so many patients from the distant East Side and the adjacent West Side buildings visiting the Chapel throughout the day. However, as regards the number of patients who attend Mass on Sundays, we do not have the same joy or satisfaction. We fully realize that many patients go home for the week ends and this is consonant with good therapy. However, percentage-wise, the attendance at Church services on Sunday should be much better. We would hope and expect a greater

interest and concern on the part of the personnel for the religious health of the patients. To be sure, the Chaplains rely heavily on the cooperation and assistance of the garage personnel for the bus transportation for the East side and elderly patients.

Number of Catholic patients admitted	1204
Number of deaths of Catholic patients	165
Number of patients receiving Last Rites	302
Number of Confessions heard (approximate)	6000
Number of Holy Communions distributed (approximate)	9000

The statistics compiled above show a decrease of about 100 Catholic patients admitted than in last year's report.

I. Religious Services:

There are three Masses celebrated every Sunday at 6:15 A.M., 8:30 A.M., and 10:30 A. M. The times for the Masses are set in view of the cafeteria schedule. On Holydays of Obligation there is an additional Mass celebrated at 12 noon. During the week-days, to give all groups, viz., patients, employees, student nurses, an opportunity to attend Daily Mass the following schedule is carried out. Mass is celebrated on Monday and Wednesday at 12 noon; on Tuesday and Thursday at 6:15 A.M.; on Friday and Saturday at 9:00 A.M.

One of the most gratifying aspects of the Chapel Edifice after almost three years of use has been the manner of Chapel devotion and conduct. Our pews are practically as white as on the day of dedication. There have been no serious problems

in regard to abuse of Church appointments. The patients' decorum in the Chapel is worthy of the highest praise and commendation.

There are many memorable and soul stirring recollections of the past year here at the Chapel. One recalls the good attendance of the Faithful during the Lenten Season, the beauty of the Chapel Altar at Christmas and Easter, our May Procession with the patients walking in procession clothed in colorful gowns and crowns.

Confessions are heard at regular scheduled times. Whenever patients request the Chaplain to hear their confessions during the week, the priest is always available. The new Confessional in the Chapel is utilized constantly by patients and employees. During the seasons of Lent and Advent every Catholic patient in the hospital is given the opportunity to go to Confession and, if adjudged capable, to receive Holy Communion. During the past year, the Catholic Chaplains continued the policy of transporting patients of various buildings to the Chapel on specified days. For example, the male patients from B Building would come on a specified morning. The female patients from Q Building would be transported on another appointed day. It was necessary only in D Building to celebrate Mass outside the Chapel for

the spiritual health and welfare of the patients. Once a month, on the First Friday, Holy Communion is given to the patients on the medical-surgical wards--also in B and H Buildings.

Other religious services which Catholic parishioners have long cherished and loved were included in the spiritual care of the patients during the past twelve month period, viz., Novena of Grace in honor of St. Francis Xavier, Blessing of Throats on the Feast of St. Blaise, Distribution of Ashes on Ash Wednesday throughout the hospital wards, conducting of the Station of the Cross on Fridays during Lent and Distribution of Palms on Palm Sunday. In the months of May and June, Shrines were set up in honor of Mary, the Mother of God and the Sacred Heart of Jesus. Medals, rosaries, pamphlets, missals and other religious articles are given generously and gladly to the patients.

Realizing the importance of the virtue and practice of hope in the daily lives of the patients we, the Catholic Chaplains, stress and encourage attendance at our weekly Novena service on Friday morning in honor of Our Lady of Hope.

At any time, day or night, the Catholic Chaplain is always available for spiritual ministrations to the patients. During the past year 302 patients received the Last Rites of the Church. Burial services with a Requiem High Mass were conducted for about a dozen

patients who died without relatives.

II. Consultation with Patients

The Catholic Chaplain makes every effort to visit each new Catholic patient who is admitted to the hospital. Some 1204 new Catholic patients were admitted to the hospital during the past year. In respect to the new patient, the Chaplain interviews, listens and counsels. He offers his assistance to the patient and explains the nature and purpose of the hospital. The Chaplain places the emphasis on confidence and hope in the care and treatment the patient will receive. He attempts to create and engender within the patient trust and faith in the psychiatrist.

In many instances the Chaplain acts as a liaison between the newly-admitted patient and the family. While the patient remains in the hospital the Chaplain visits him or her as often as he can. Since we now live on the hospital grounds adjacent to the Chapel, we receive many visiting patients and relatives. We are always available to the patients and staff. Frequently, discharged patients return to see the Chaplain for consultation and advice.

III. Consultation With Relatives: With Employees: With Student Nurses

The work of the Catholic Chaplain is not restricted to the patients, but also includes contact with the relatives of the patients. They are present on the

wards during visiting hours. The relatives feel free to telephone the Chaplain or to call upon him personally. It has been a great source of comfort and consolation to the relatives to be informed about the high rating of the hospital, the specialists on the staff and the outstanding care and treatment of the patients.

At the Boston State Hospital there are over one thousand employees, the majority of whom are Catholic in religion. On many and frequent occasions, the employees, be they attendants or secretaries, porters or student nurses, bring their individual problems to the Chaplain for advice and enlightenment.

IV. Educational Program

The Catholic Chaplains take part in the educational program of the hospital. Upon the arrival of the new class of student nurses, an opportunity is given to the Chaplains to clarify and to underline their role in the nursing service to the mentally ill. The necessary attributes of a nurse in a mental hospital are delineated. On several occasions the Chaplains speak at Church meetings of men and women, informing the groups of the nature and purpose of the Boston State Hospital, the progress in the science of Psychiatry and the compelling need for true knowledge and education about mental illness.

One of the highlights in this program of education has been the visitation of the Deacon Class and other seminarians from St. John's Seminary on a weekly basis every Thursday. Lectures in an informal manner were given by Dr. Mackenzie, Director of Psychiatry of the hospital. The seminarians appreciated and benefited immeasurably from the lively discussions apropos mental illness. A two-day seminar attended by the entire Deacon Class under the auspices of Dr. Mackenzie provided a still greater knowledge of the science of psychiatry. The seminarians also visit the patients on the wards.

V. Community Contacts

For the past year, continued interest and activity on the part of the Chaplains have been directed towards sponsoring groups to visit the hospital. On a regular monthly visit basis the following groups have visited the hospital: Marian Visitors of St. Joseph's, Hyde Park and of St. Angela's, Mattapan. Two new groups, the Catholic Daughters of America from Charlestown and Medford visit patients in S and A Buildings every month and conduct parties for them. Groups from St. Andrew's, Forest Hills; Holy Name Parish, West Roxbury; St. Agatha's Catholic Women's Club of Milton; have sponsored special parties several times during the year. A group of men from nearby St. Andrew's Church in Forest Hills come once a month to B Building.

Anent their visits, the aforementioned groups donated clothing, magazines, religious articles and refreshments. They visit the same building each time and have become well acquainted with many of the patients. Many other volunteer groups visit the patients on a periodic basis: groups from Emmanuel College, Catholic Guild for the Blind and St. Joseph's C.Y.O. Minstrel Show Cast.

From all indications the Catholic Chaplains' role at the hospital is well established and clearly defined. His prime work is priestly work--to bring God to men and men to God.

We are sincerely grateful to the Superintendent of the hospital, Dr. Barton, to the hospital staff and the entire personnel for their wonderful cooperation and mutual assistance, with the one objective in view, the comfort and recovery of the patients. It has made our work pleasant and enabled us to be more effective in carrying out our duties and obligations to the patients of the Boston State Hospital.

PROTESTANT CHAPLAIN - Rev. Judson D. Howard

The regular religious services and ministrations were continued throughout the year. We are grateful for the continued help of Associate Chaplain Robert D. Richardson and Mrs. Ruth D. Merriam. Assistant Professor Homer L. Jernigen will no longer be with us as a teacher and chaplain; Associate Chaplain Bruce B. Noyes has accepted the position of Protestant Chaplain at the Lemuel Shattuck Hospital. The Rev. Dr. William E. Ramsden has been added to the teaching staff as Clinical Associate. The teaching programs have been continued, there being some decrease in enrollment. Conversations have been continued concerning the possibility of securing a Protestant chapel; the idea of a Protestant parish is being explored. Volunteers have contributed very greatly to the program on the East Service under Chaplain Richardson. Chaplain Howard was elected President of the Institute of Pastoral Care.

<u>Services</u>	<u>Chaplain</u>	<u>Associate Chaplains</u>	<u>Assistant Chaplains</u>	<u>Total</u>
Sundays	92-4563	4-172	6-335	102-4970
Communions	155			155
Holy Days	4-112			4-112
Communions	77			77
Weekly Chapels	7-81	41-526	8-80	56-693
Communions		80		80
Baptisms		1		1
Funerals	1-20	2-35		3-55
Student Chapels	92-2460	(conducted by all chaplains)		92-2460

Religious Groups

Hymn Singing	51-680	50-1616	19-203	120-1999
Choir Rehearsals	1-10	9-93		10-103
Carol Singing		10-350		10-350
Primary Groups		88-528	132-660	220-1188
Religious Education		12-288		12-288
Easter Breakfast	1-12			1-12

Pastoral

New Admissions	212		45	257
Danger List Calls	33	27	4	64
Patient Interviews	75	80	1164	1319
Patient Contacts	1120	908	1590	3818
Personnel	894	508	825	2227
Clergy	16			16
Chaplains	40			40
Letters to Patients	14			14
Letters to Relatives	2			2
Volunteers	1-20	16-66		17-86
Staff meetings				
service		11-286		11-286
ward		9-87		9-87
Recital		25		25
Parties and Staff		65		65
Ward meetings		4-100		4-100

Teaching

Clinical Pastoral				
Training Staff	40-238			40-238
Seminars	233	240		473
Student interviews	157	928		1085
Hospital Talks	4-164			4-164
Clinical Board	6-18			6-18
Research	27	69		96

Professional Meetings:	19			19
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The year began with our largest group of trainees - 38 students, 5 student supervisors (see last year's report). This summer's group numbers 28 students with 3 student supervisors and 4 supervisors. The winter enrollment in classes offered here through Boston University School of Theology were down somewhat, averaging 23 per semester. The Rev. Dr. William E. Ramsden was added as a Clinical Associate and taught a section of the Clinical Introduction to Pastoral Care. Assistant Professor Homer L. Jernigen also taught a section and served as chaplain of the H Building; due to increased responsibilities at Boston University and also to our reduced budget, he is terminating his teaching and chaplaincy responsibilities with us. He is however serving as Chairman of the Clinical Board which has oversight of all clinical pastoral education within the Protestant Chaplain's Office; other members of the Clinical Board are the Rev. Dr. Emil M. Hartl and the Rev. Dr. Judson D. Howard (secretary). The Rev. Bruce B. Noyes accepted the position of Protestant Chaplain at the Lemuel Shattuck Hospital; the Diocese of Massachusetts does not have sufficient funds to provide us with a replacement.

We are very grateful for the continued service of the Rev. Robert D. Richardson and Mrs. Ruth D. Mirriam.

Chaplain Richardson has worked intensively with the East Service, both in the giving of his time and in the securing of volunteer interest and help, which was particularly instrumental in transforming the physical appearance of P2. He reports: "This record would not be complete without reporting that from September through May a group of Unitarian women from the First Parish in Concord and a group from the First Church in Jamaica Plain, and four times a large group from the Orthodox Congregational Church in Milton brought delicious home made refreshments and served them to the patients in hymn sings in N Building, P1 and P3. My own debt and the hospital's to these fine women cannot be exaggerated". Mrs. Mirriam has continued to give her time to the updating of our Protestant patients' file. She also serves as Treasurer of the Clinical and Chaplaincy Funds and as secretary to our training operations.

A significant development has been the increased discussions of the possibility of a Protestant chapel. Representatives of the Massachusetts Council of Churches have visited the hospital. Due to the costs involved, there was reluctance to proceed but of late much more interest has been expressed. Concurrent with chapel discussions has come the realization that if pastoral care in the hospital is to parallel that within the parish, the establishing of a Protestant parish is necessary. Hopefully within the next year much progress within both areas will have been realized.

Chaplain Howard was elected President of the Institute of Pastoral Care, serving on its Executive, Training and other Committees. He continues as a member of the Department of Pastoral Services of the National Council of Churches; he participated in recent discussions on the integration of clinical pastoral education in the interests of the American Association of Theological Schools. All the chaplains have participated actively in professional, community and church activities.

Chaplain Richardson attended the meeting of the Association of Mental Hospital Chaplains in conjunction with the American Psychiatric Association.

JEWISH CHAPLAIN - Rabbi Abraham Koolyk

The Jewish Chaplain ministers to the needs of over 250 Jewish patients at the hospital and is engaged in a number of activities related to the patients, their families, the hospital and the community-at-large.

The basic work of the Chaplain is personal counselling of patients and conducting of Religious Services. His work often extends beyond these areas as he comes in contact with patients' families and the community.

One must also keep in mind that the Jewish patient is not only a member of a religious group but also a member of a minority socio-cultural group. The latter often leads to special problems and the special attention of the Chaplain.

A. Religious Services

The basic services of the Jewish Congregation of the hospital is the pre-Sabbath Service held every Friday afternoon in Reception Building Auditorium or, when weather permits, on the lawn between Reception and Administration Buildings. The attendance at these services consists of 75-100 patients and varies according to the cooperation of the various attendants and the bus service. The attendance of most patients is entirely dependent on the effort of the nurse or attendant on his ward. Since Jewish Services involve only very few patients on any ward it is very important that personnel be frequently reminded.

The Services consist of reading of Hebrew and English prayers, a brief sermon, and hymns.

Patients are invited, whenever possible, to lead some portions of the Services, serve as assistants and ushers and generally made to feel as a regular congregation. The hospital made a purchase of new prayer books, making it possible for every patient to have one.

Following the Services, refreshments are served by a volunteer group - usually the Community Friends of the Boston State Hospital. During this social hour patients entertain themselves by socializing, singing, playing piano, etc.

A number of special events were held in observance of the various holidays of the Jewish Calendar:

1. High Holy Days (Rosh Hashonah and Yom Kippur):

Services were held with the assistance of cantor and choir. Families of patients were encouraged to attend these services. Holiday greeting cards were sent to each patient, extending wishes for the New Year and announcing the Services. About 200 people attended these Services: September 21 and September 30.

2. Chanukah - December 20. The observance of this holiday was combined with a dance in the Auditorium. About 200 patients attended. Gifts were distributed to all by the Community Friends, Boston State Hospital.
3. Purim - March 2. A Purim Party followed the Religious Services in Reception Auditorium.
4. Passover Feast - April 3. The Passover holiday was observed with Seder Feast in the East Cafeteria. This catered dinner was served to about 150 patients and some special guests.
5. Summer Picnics - Two summer picnics were held for the worshippers of the congregation. On each occasion two bus loads of patients were taken to the Charles River Esplanade for the day.

B. Counselling of Patients

The Chaplain made every effort to visit and meet the Jewish patients in the various buildings and wards. A special effort was made to meet the new patients soon after admission. The Nursing Office has been most helpful in forwarding the names of new patients. Often the request by the patient to meet with the Chaplain has been forwarded by the hospital personnel.

The Telephone Operators have been most helpful in relaying information about patients placed on D.L., or who have expired. Several charity burials were

arranged through the help of the Associated Jewish Philanthropies of Boston.

C. Contact with Families

The Chaplain is often requested by patients to contact family for some specific purposes and needs. Whenever considered possible and advisable the Chaplain honored such requests. Also, families of patients have often initiated contact with the Chaplain. This has been especially true of families of new patients who need assurance of the hospital's routine and care. The Chaplain has also helped in several cases where patients were placed in institutions and homes (Jewish Home for Aged).

D. Community Relations

The Community Friends of the Boston State Hospital has continued to render service to the Jewish patients as well as to the hospital. On December 15 the new Lounge was dedicated by this group. They have assisted the Chaplain at many services and special events.

The Chaplain spoke at meetings of several synagogue groups and fraternal organizations about his own work and the hospital. The hospital is in the geographic area of a considerable Jewish population and a worthwhile contact with this community has been maintained.

REPORT OF THE GREEK ORTHODOX CHAPLAIN - Reverend Father
Nikos Georges

1. Regular monthly Religious Services

Observance of all special Orthodox Holy Days,
Communion, Holy Unction and Related Rituals.

2. Confessions and individual counselling at the
different buildings every Thursday afternoon

Special concentration on new admissions, with a
great deal of "social type" of work, carried out
with parents or other relatives of the patients
with language difficulty, outside the hospital.

3. Creation of ONE special Group, from the Greek
Social and other Philanthropic Organizations
of greater Boston, which on various occasions
provides entertainment for different sections
of the hospital. Non-Orthodox patients participate
in this just as much as the Orthodox.

This same special group distributes systematically
through me, and at every pastoral visit, candy,
holy icons, medals, cigarettes and other things.

4. Projects:

- a. "Library Build-Up", consisting of cash donations
toward the purchasing of medical books for the
Library.
- b. "Up-grade the East Side". Clothing and other
useful items for the East Side.

5. No end or refusal to emergency calls at any time
or day of the week.

THE COMMUNITY FRIENDS OF THE BOSTON STATE HOSPITAL

Secretary, Mrs. Gladys Plovnick

The activities of the Community Friends of the Boston State Hospital for the past year 1960-61 included the following:

July 16 - Picnic for patients.

August 16 - Picnic for patients, on Esplanade and boat ride on Charles for both events.

Services and Oneg Shabbats held every Friday under guidance of spiritual leader - Rabbi Abraham Koolyk. Every Jewish holiday is observed in the form of a party to which patients are welcome regardless of race, creed or color.

Chanukah Party at Reception Auditorium on December 20.

Concert by Northeastern University Band at East Chapel on Sunday afternoon, December 11.

Library and Recreational Lounge for the patients dedicated at the hospital during February. The lounge - wonderfully furnished and most attractive will be called the "Community Lounge". It will serve a great need for a gathering place for open ward patients.

Purim Party for patients at Reception Auditorium March 2.

Passover Seder was held April 3 at East Cafeteria.

Fifteen metal clothes lockers were purchased for P Building.

Clothes collections were carried out and also collections for games and cards. Comfort and solace to the patients are goals the organization seeks to fill.

Visits are made to the wards in the various buildings. Cake, candy, ice cream give the patients something to look forward to.

BOSTON STATE HOSPITAL LEAGUE - Ray Zingarelli, President
Mrs. F. Galinis, Secretary

September 25, 1960 - "Family Picnic" and "Dedication of
Recreation Area". Mrs. H. McKinney, Chairman

January 6, 1961 - Assisted Mr. William Neth with New Year's
Party.

Day Room Redecorating - M Building - Craffey Memorial Room
and N Building, April 1961.

June 8, 9, 10, and 11 - "Festival of Fun", Miss A. Lynch,
Chairman

DISTINGUISHED VISITORS

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>
<u>1960</u>		
July 6	R. H. Webb	Barbados, B.W.I.
Aug. 5	Lawrence Kennedy, M. D. Victor Reese, Rehabilitation Department	Topeka State Hospital, Kansas Topeka State Hospital, Kansas
Aug. 6	Fernando de Elejalde, M. D.	Osawatorine, Kansas
Aug. 6	Vic Riece	Overbrook, Kansas
Aug. 6	John D. Redinski	Topeka State Hospital, Kansas
Aug. 29	Joaquim Travassos	Department of National Health, Rio de Janiero
Sept. 19	P. O. O'Reilly, M. D.	Director of Mental Health Center, Moose Jaw, Saskatchewan, Canada
Oct. 24	William J. T. Cody, M. D. Superintendent	Kaneohe Hawaii State Hospital
Nov. 16	F. A. Harrington, M. D.	Deputy Director, Uffculme Clinic, Birmingham, England
Dec. 20	Benjamin Wills, M. D.	Atlanta, Georgia
<u>1961</u>		
Jan. 18	Alberto Jeliac, M. D.	National Psychiatric Hospital, Santiago, Chile
Feb. 22	Desmond Curran, M. D. Professor of Psychiatry	St. George Hospital, London, England
Mar. 6	Leonard F. Lewis	St. Ann's Hospital, Trinidad, W.I.
Mar. 23	Nicholas Rassidakis	Director of Psychiatry State Mental Hospital, Athens, Greece
Apr. 4	Richard Williams, Ph.D	NIMH, Bethesda, Maryland
Apr. 7	Peter W. Bowman	Superintendent, Pineland Hospital
Apr. 26	Alfred Kahn, M. D.	Colorado University, Boulder, Colorado

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>
May 30	Gunnar Holmberg, M. D.	Stockholm, Sweden
May 30	Gerdt Wretmark, M. D.	Sweden
May 31	Lee Sewell, M. D.	Manager, VA Hospital Perry Point, Maryland
June 6	Joshua Bierer, M. D.	Director, Marlboro Day Hospital London, England
	Hugh Freeman, M. D.	Littlemore Hospital, Oxford, England
June 12	Thomas A. Munro, M. D.	Royal Edinburgh Hospital, Edinburgh, Scotland
June 12	A. K. M. Macrae, M. D.	West Lothian, Scotland
June 13	R. F. Freudenberg, M. D.	Superintendent, Netherne Hospital Coulston Surrey, England
June 15	Dr. Gillia	South Africa
	Dr. Shulman	Australia
June 20	F. H. Graveststein, M. D.	Director, Mental Health Service, Amsterdam, Netherlands
June 20	Arne Fossum, M. D.	Gausted Hospital, Oslo, Norway
June 20	Henry R. Bennett, M. D.	Kingseat Hospital, Auckland, New Zealand
June 20	Neville Parker	Brisbane Clinic, Brisbane, Australia
June 30	Ahmed Wapoti, M. D.	Garden City, Cairo, U.A.R.
June 30	Gemel Mady Abul Azazam, M.D.	Abbassia M. H., Cairo, U.A.R.